



# Gulf Coast Aquatics, Inc.

## Employee Direct Deposit Authorization Form

---

Banking or Financial Institution Name:

---

Account Type: Select One Account

Checking Account	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>

---

Account Number:

---

Routing Number:

---

Email Address (to receive pay stubs):

---

**Authorization:**

This authorizes Gulf Coast Aquatics, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all the applicable U.S. Laws. This authorization will be in effect until the company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorize Signature:

---

Printed Name:

Date:

---