



DIRECT DEPOSIT AUTHORIZATION FORM

Owner Information

Name: _____
Owner Number: _____
Last 4 of Social or Tax ID: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____

Bank Information

Bank Name: _____
Bank Address: _____
City, State, ZIP: _____
Phone Number: _____

Account Type:

☐ Checking ☐ Savings

Routing Number: _____
Account Number: _____

Authorization

I hereby authorize Palmetto Production Partners, LLC to initiate direct deposits to the account listed above. I also authorize the financial institution named to credit these deposits to my account.

This authorization will remain in effect until I provide written notice of cancellation.

Signature: _____

Date: _____

For Employer Use Only

Employee ID: _____
Department: _____
Start Date: _____