EMPLOYEE'S AUTHORIZATION — Please fill out and return to the Payroll Department.

STAPLE VOIDED CHECK HERE

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ checking account ☐ savings account

each payday. This authority will remain in effect until I have cancelled it in writing.

Date

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY STATE

SIGNATURE

TRANSIT ROUTING NUMBER

ABA

ACCOUNT NUMBER INFORMATION