



AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

Company Name: DEE MAC INC. Store #: _____ Company #: MI4923

Employee Name (please print): _____

Employee Social Security # (required to process the request): _____

Name of Bank: _____

Type of Account: Checking Savings

Routing Number: _____ Account Number: _____

Check here if this is replacing existing banking information.

YOUR PAYCHECK WILL NOT BE DIRECT DEPOSITED UNTIL YOUR BANK HAS VERIFIED YOUR ACCOUNT INFORMATION. ALL BANKS ARE GIVEN A 14-DAY PERIOD TO DO THIS.

ATTACH ONE OF THE FOLLOWING

- VOIDED CHECK
- COPY OF SAVINGS CARD
- PRINTOUT FROM YOUR BANK OR CREDIT UNION WITH AN IMPRINT OF YOUR ACCOUNT NUMBER

A SEPARATE FORM MUST BE FILLED OUT FOR EACH ACCOUNT YOU ADD OR CHANGE

Do you want your entire checked deposited into this account? YES NO

If no, how much (in dollars) do you want deposited each pay? \$ _____ N/A

Check here if you do not have a checking or savings account and do not want to open one. You will receive your pay on a pay card.

Employee Signature

Date