

Authorization for Direct Deposit – Employee Form

This authorizes **Clinch-Powell RC&D** (the “Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below 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.

Account #1

Deposit (amount or %) _____
Account Type (checking or saving) _____
Employee Bank Name _____
Branch _____
City, State _____
Account Number _____
Bank Routing Number (ABA#) _____

Account #2

Deposit (amount or %) _____
Account Type (checking or saving) _____
Employee Bank Name _____
Branch _____
City, State _____
Account Number _____
Bank Routing Number (ABA#) _____

This authorization will be in effect until the Company receives written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

Email Address (for pay stubs)

NOTE:
Please attach a voided check to this form.