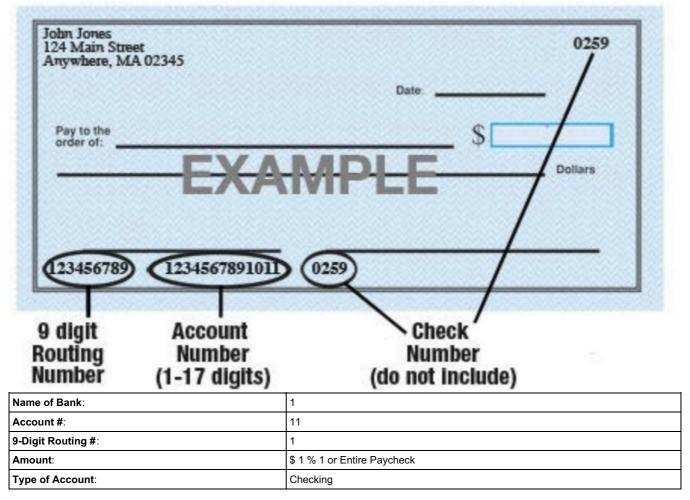
Direct Deposit Authorization

Please complete ALL the information below.

Name: 1 Address: 1 City, State, Zip: 1



Floormasters is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature:

Date: 2024-06-07