DIRECT DEPOSIT AUTHORIZATION FORM

□ authorize my employer,	1		
□ cancel direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive payched which I am responsible for depositing and/or cashing. Signature:	yer		
Remaining Balance to 1st Account Use Percentage			
D. A.d.			
Davi A aut	Remaining Balance to 1st Account Use Percentage		
Pay Order Bank Name/Address/Phone Acct. Type Routing/Account Numbers Amount	Pct.		
1* Ckg Rtg Acct			
Ckg			
3			
*Contractors are limited to one bank. TOTAL: Please attach a voided check for each bank account to which funds will be deposited. Do not use deposit slip.			

NAME	20	0324
Pay to the order of	\$	
Bank	Dollars	
Memo		
1:123456789: 0229999999999	0324	

Notice: Government regulations have changed regarding the use of direct deposit. As a result, the employer cannot offer direct deposit of funds to either:

- a foreign bank, or
- a U.S. financial institution where the entire amount will be forwarded to a bank account in another country. Employees or contractors associated with such foreign organizations will not be eligible for direct deposit.