



SMCLR DIRECT DEPOSIT AUTHORIZATION FORM

New Authorization

Payer Information:

Name : S and M Cranes, L.L.C. dba
SMCLR (A Crane Co.)
Address : 4701 E County Road 45
Midland, Texas 79705

Phone Number : 432.219.5522

Payee Information :

Name : _____

Address : _____

Phone Number : _____

SSN : _____

Identification Number : _____

Employee Financial Institution:

Name :

Address :

Phone Number :

Bank Routing Number :

Account Number :

Type of Account :

Attachments: Attached to this Authorization is a cancelled check for my account.

I authorize S and M Cranes, L.L.C. dba SMCLR (A Crane Co.) to deposit all payments due to me in the account(s) named herein. I further authorize S and M Cranes, L.L.C. dba SMCLR (A Crane Co.) the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by S and M Cranes, L.L.C. dba SMCLR (A Crane Co.) into the account(s).

By: _____

Date: _____