



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize my employer **Altman Specialty Plants**, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (please print) _____ Social Security Number _____

_____ Begin Deposit _____ Change Information _____ Cancel

Bank Name _____

City _____ State _____ Zip Code _____

_____ Checking - I Wish to Deposit (check one) ☐ \$ _____ ☐ Entire Net Pay

_____ Savings - I Wish to Deposit (check one) ☐ \$ _____ ☐ Entire Net Pay

ABA Routing # _____ Account # _____

ABA Routing # _____ Account # _____

Please attach a Voided Check, Bank Letter or Specification Sheet to this form.

IMPORTANT: Once you submit all the necessary information, it will be submitted to the Payroll department for account verification. Once verified, it would take approximately 2 to 3 payrolls for your first check to be direct deposited. Same procedures will apply if there are any changes later to your account.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date _____