

**PAYROLL DIRECT DEPOSIT AUTHORIZATION
AMERICAN FENCE COMPANY INC.**

Purpose of Authorization: (Check one)

☐ New Authorization
(Complete A,B,C and F)

☐ Changes to existing authorization
(Completed (A,B,D and F)

☐ Cancellation
(Complete A and E)

A. Employee Information

Employee's Name (please print)

Social Security Number

Department or Organization

B. Banking/Financial Institution Information

Name of Bank/Financial Institution

Phone # of Bank

Address

Routing/ABA No.

Account #

Checking
Savings

C. New Authorization Statement

I authorize and request my employer to send the new amount due from payroll, retirement, or living allowance to the financial institution indicated above for direct deposit to my account. I understand I may terminate this agreement at any time by completing another Payroll Direct Deposit Authorization form and sending it to Payroll Services, allowing a reasonable time for my employer to act upon my request for termination. I hereby authorize AMERICAN FENCE CO INC to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account as indicated above and depository named above to credit and/or debit the same to such account.

Employee's signature

Date signed

D. Change Authorization Statement

I authorize and request my employer to make the changes indicated on this form for automatic deposit of payroll, retirement, or living allowance to my account.

Employee's signature

Date signed

E. Cancellation Statement

I request that my employer terminate my authorized direct deposit of net amount due from payroll, retirement, or living allowance to my account. I will allow a reasonable time for my employer to act upon my request to terminate this agreement.

Employee's signature

Date signed

F. Attach a voided check and return form to employer.