

Authorization Agreement for Direct Deposit

I request that the following \$ amount from my net pay be direct deposited to:

Name of Bank	Routing #	Acct. #	Bi-Weekly \$ Amount	Checking or Savings
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(1)				
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(2)				
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** Balance of net pay will be paid in the form of a regular check if the totals above do not equal your net pay. If you wish to direct deposit your whole net pay, one of the two lines under the heading \$ Amount must say balance.

Clock Card # _____

Name: _____
(Please Print)

Company Name: Molded Fiberglass Tray Company

Signature

Date