

DIRECT DEPOSIT FORM

☐ **New Hire**

☐ **Change** (this will
override all existing direct deposit
elections)

Employee Name: _____ Phone Number: _____

Email Address: _____

(E-mail is mandatory because that is how you will receive your pay stubs).

AUTHORIZATION AGREEMENT

I authorize Pavement Surface Control to direct deposit funds into the account indicated below. I understand that if I want to make a change to my account, I must fill out a new direct deposit form and understand that I must give reasonable notification of the change. I understand that my pay stub will be emailed to the email address listed above.

ACCOUNT INFORMATION

Account-**Net Amount**

Bank Name: _____

Savings Account: ☐

Bank Account Number: _____

Checking Account: ☐

Bank Routing Number: _____

Signature: _____

Date: _____