



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT**

Company Name: DEE MAC INC.    Store #: \_\_\_\_\_    Company #: MI4923

Employee Name (please print): \_\_\_\_\_

Employee Social Security # (required to process the request): \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Type of Account:    Checking    Savings

Routing Number: \_\_\_\_\_    Account Number: \_\_\_\_\_

Check here if this is replacing existing banking information. Please scan to Rebecca.

**YOUR PAYCHECK WILL NOT BE DIRECT DEPOSITED UNTIL YOUR BANK HAS VERIFIED YOUR ACCOUNT INFORMATION. ALL BANKS ARE GIVEN A 14-DAY PERIOD TO DO THIS.**

**ATTACH ONE OF THE FOLLOWING**

- VOIDED CHECK
- COPY OF SAVINGS CARD
- PRINTOUT FROM YOUR BANK OR CREDIT UNION WITH AN IMPRINT OF YOUR ACCOUNT NUMBER
- Failure to provide the proper information will result in a \$5.00 charge which will be deducted from your next pay check.

**A SEPARATE FORM MUST BE FILLED OUT FOR EACH ACCOUNT YOU ADD OR CHANGE**

Do you want your entire checked deposited into this account?    YES        NO

If no, how much (in dollars) do you want deposited each pay? \$ \_\_\_\_\_ N/A

Check here if you do not have a checking or savings account and do not want to open one. You will receive your pay on a pay card.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date