

Great Lakes Detasseling LLC

Direct Deposit Authorization Form

Last Name _____, First _____ Middle initial _____

Address _____

Complete for Direct Deposit to Bank Account Choice:

I would like my wages/salary deposited to the following bank account:

Bank Account ___ checking ___ savings

Bank Name _____

Routing Number _____ Account Number _____

Payroll Authorization

I hereby authorize direct deposit of my net pay by my employer into the account and financial institution above. I understand a deposit will be made each payday unless I terminate this agreement by completing the bottom portion of a new direct deposit authorization form.

If the employer deposits funds into my account in error, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

If monies to which I am not entitled are deposited to my account, I authorize my employer to debit my account accordingly. This authority will remain in effect until I have filed a new payroll election, or until revoked by me in writing or upon termination of my employment with my employer.

Employee Signature _____ Date _____

Parent/Guardian Signature _____ Date _____