

****** Fax to the office by Monday prior to your 1st assignment with your 1st timecard at 425-291-9210******

Authorization for Direct Deposit Agreement

I (we) hereby authorize Madden Industrial Craftsmen, Inc. to initiate credit entries and, if necessary, to initiate, debit entries and adjustments for any credit entries in error to my (our) account indicated below at the financial institution named below, hereinafter called depository, to credit and/or debit the same to such account.

Select One:

- Checking Account**
- Savings Account**

Depository/Bank Name: _____

Branch Location: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

This authority is to remain in full force and effect until Madden Industrial Craftsmen, Inc. and depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Employee Name: _____ (Please Print) _____ (Please Sign)

SSN: _____ Date: _____

Joint Signor's Name: _____ (Please Print) _____ (Please Sign)

SSN: _____ Date: _____

ATTACH VOIDED CHECK HERE