

Authorization For Direct Deposit (Credit) Agreement

For direct deposit please fill out this information and return to our office at your earliest convenience. ***If you have a joint account, we will need joint signor's signature also.*** Please make sure you attach a voided check to the authorization form before returning it. ***** To ensure that your funds are in your account on Thursday mornings, we need to submit payroll information to the bank on Tuesday mornings.*** This means that your timecard must be in our office by 5:00 PM on Mondays. If your timecard is not here at the time we process payroll, a regular paycheck will be printed and available for pickup in our office. **IT IS YOUR RESPONSIBILITY TO MAKE SURE WE HAVE RECEIVED YOUR TIMECARD BY 5:00 PM ON MONDAY.**

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

Depository 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