



PAYROLL DIRECT DEPOSIT AUTHORIZATION

Name: _____ Social Security: _____
Last First Middle

I authorize All States Asphalt Inc. to deposit the net amount of my payroll check to the account number(s) listed below. Please indicate which account to be deposited into.

1. Financial Institution/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings Other Amount/Percent: _____

2. Financial Institution/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings Other Amount/Percent: _____

3. Financial Institution/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings Other Amount/Percent: _____

4. Financial Institution/City/State: _____

Routing/Transit #: _____ Account #: _____

Checking Savings Other Amount/Percent: _____

PAYROLL DIRECT DEPOSIT RULES AND DEADLINES

Please note: You must attach a voided check (for checking) or a deposit slip (for savings) to this direct deposit authorization.

- I understand that my direct deposit will take effect the second payday following receipt of this form to allow verification of my account.
- This request will remain in effect until I have made a written request to stop or change my Direct Deposit.
- It is my responsibility to notify the Payroll Dept. (413-665-7021 X 215) of closed accounts at least 6 days prior to payday.
- I understand that my Direct Deposit to multiple banking institutions must total 100%. I can not have my paycheck split between direct deposit and a check.
- With Direct Deposit, I authorize All States Asphalt Inc. to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account.

Signature

Date

Complete this section below only if you wish to **discontinue** Direct Deposit or if you close your account.

I wish to discontinue direct deposit to the following financial institution: _____

Signature

Date