



DIRECT DEPOSIT AGREEMENT FORM

Date: _____ Social Security No.: Last Four Numbers: _____
 Name: _____ E-Mail Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: _____ Cell Phone: _____

Account Information

CHECKING ACCOUNT	
Name of Financial Institution	
Routing Number	
Account Number	
Percentage	%

SAVINGS ACCOUNT	
Name of Financial Institution	
Routing Number	
Account Number	
Percentage	%

Attach a copy of voided check and/or a savings deposit slip with routing and account numbers here

Authorization Agreement

I hereby authorize **DAN'S** Excavating, Inc to initiate automatic deposits to my account(s) at the financial institution(s) named above.

Authorized Signature: _____ **Date:** _____

Your employer is an equal opportunity employer and welcomes referral applications from qualified female and minority applicants