DIRECT DEPOSIT AUTHORIZATION AGREEMENT

☐ New to Direct Deposit program
☐ Add/Change/Delete existing direct deposits

Please complete information for <u>ALL</u> accounts requesting direct deposit. Include existing accounts that will remain the same.

This is my authorization for Metromont Corporation to automatically credit the following account (s) with my net pay.

Employee ID	Employee Name (last, first, middle initial)	Plant Location	Work Phone

Action	Priority #	Bank Routing Number (9 digits)	Account Number (up to 17 characters)	Deposit Type	Account Type
☐ Add ☐ Change ☐ Delete ☐ Same	1			☐ Amt $_____ ☐ Balance (Net)	☐ Checking ☐ Savings ☐ Payroll Debit Card
Financial Institution - Name & Address			Financial Institution - City & State		

Action	Priority #	Bank Routing Number (9 digits)	Account Number (up to 17 characters)	Deposit Type	Account Type
☐ Add ☐ Change ☐ Delete ☐ Same	2			☐ Amt $_____ ☐ Balance (Net)	☐ Checking ☐ Savings ☐ Payroll Debit Card
Financial Institution - Name & Address			Financial Institution - City & State		

Action	Priority #	Bank Routing Number (9 digits)	Account Number (up to 17 characters)	Deposit Type	Account Type
☐ Add ☐ Change ☐ Delete ☐ Same	3			☐ Amt $_____ ☐ Balance (Net)	☐ Checking ☐ Savings ☐ Payroll Debit Card
Financial Institution - Name & Address			Financial Institution - City & State		

I understand that this authorization will be in effect until I notify the Company in writing with ten (10) days notice to change my direct deposit information. I also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account.

<div align="center">THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.</div>

_____   _____
Employee Printed Name   Date

_____   _____ - _____ - _____
Employee Signature   SS#

<div align="center">

NOTE: A voided check must be attached to this form.

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METROMONT™