Direct Deposit Authorization Form

I authorize Advanced Excavating Specialists, their affiliates, and the financial institution(s) below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, to my bank accounts listed below each payday. This authority will remain in effect until I have canceled it in writing.

Employee Name: _____ Date: _____

Checking/ Savings	**Routing #**	**Acct #**	**Financial Institution**	**Amount/ Percent**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee Signature: _____

PLEASE ATTACH A VOIDED CHECK OR BANKING INFORMATION FORM FOR ALL ACCOUNTS

I Choose **NOT** to enroll in direct deposit at this time.

_____ _____

Signature Date