

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Loveless Commercial Contracting, Inc. and the financial institution(s) shown to deposit my pay directly to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize Loveless Commercial Contracting, Inc. to direct the financial institution(s) shown to return said funds. This authority will remain in effect until I file a new Direct Deposit Authorization Form or cancel my participation.

Check one: New Change Cancel

Employee Name (please print): _____

Social Security Number: _____ Employee No: _____

You may designate one or more accounts (up to four). Please indicate whether checking or savings and if a fixed amount or a percentage.

Bank Name: _____ Location: _____

Routing Number: _____ Account Number: _____

Checking Savings Amount: \$ _____ Percentage: _____%

Bank Name: _____ Location: _____

Routing Number: _____ Account Number: _____

Checking Savings Amount: \$ _____ Percentage: _____%

Bank Name: _____ Location: _____

Routing Number: _____ Account Number: _____

Checking Savings Amount: \$ _____ Percentage: _____%

Bank Name: _____ Location: _____

Routing Number: _____ Account Number: _____

Checking Savings Amount: \$ _____ Percentage: _____%

Important: Attach a voided check for each account or a statement from your financial institution so that we can obtain an accurate routing and transit number for the financial institution designated to receive your deposit.

Signature: _____ Date: _____