

Direct Deposit Form



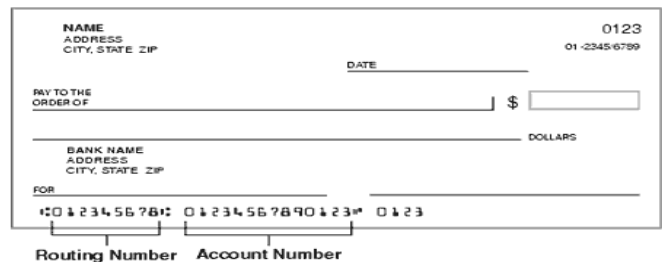
AUTHORIZATION: I hereby authorize Hoovestol, Inc. to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institution(s) indicated on this form. Further, I authorize my financial institution(s) to accept and to credit any credit entries indicated by Hoovestol, Inc. to my accounts. Unless prohibited by law, in the event that Hoovestol, Inc. deposits funds erroneously into my account, I authorize Hoovestol, Inc., either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Hoovestol, Inc. and my financial institution(s) have received written notice from me of its termination in such time and in such manner as to afford Hoovestol, Inc. and my financial institution(s) reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

ACCOUNT VERIFICATION REQUIREMENTS: The check example on the right contains a sample MICR line, detailing where the information necessary to complete this form can be found. Please attach a voided check or an official bank document that includes your name, account number, and routing number for the purposes of direct deposit processing. This documentation needs to be provided for all the accounts listed below.



| COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY | | | | |
|---|----------------------------------|-------------------------------------|--|--|
| Type of Account | Routing/Transit Number | Checking/Savings Account Number* | Financial Institution (“Bank”) Name | I wish to deposit (check one): |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | <input type="checkbox"/> Entire Net Amount <input type="checkbox"/> Specific Dollar Amount \$ _____ |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | <input type="checkbox"/> Entire Net Amount <input type="checkbox"/> Specific Dollar Amount \$ _____ |
| COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY | | | | |
| Routing/Transit Number | Checking/Savings Account Number* | Financial Institution (“Bank”) Name | Change My Deposit Amount to: | |
| | | | <input type="checkbox"/> Entire Net Amount <input type="checkbox"/> From \$_____ To \$_____ | |
| | | | <input type="checkbox"/> Entire Net Amount <input type="checkbox"/> From \$_____ To \$_____ | |

PLEASE BRING THIS COMPLETED FORM AND SUPPORTING DOCUMENTATION ON YOUR FIRST DAY OF EMPLOYMENT. FAILURE TO DO SO WILL CREATE A DELAY IN PROCESSING YOUR PAYCHECK.