



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS-CREDITS

Check one:

_____ Enrollment _____ Cancellation _____ Change

Social Security Number _____ Employee Number _____

Name: _____

Address: _____

Bank Information:

Bank Name: _____

Bank's Routing/Transit No. _____

Account Holder Name _____

Account Number _____

Account Type: _____ Checking \$ _____ or _____%

_____ Savings \$ _____ or _____%

I hereby authorize **T-Ross Brothers Construction, Inc.** (hereinafter called the "Company") to deposit my net salary to my checking/savings account described above and the _____ (hereinafter called the "Bank") to credit same to such account.

This Authorization Agreement is to remain in full force and effect until my employer and the Bank each have received written notification of its termination from me, in such a manner as to afford my employer and/or Bank, as the case may be, a reasonable opportunity to act on it. This Authorization Agreement may also be terminated by my employer.

In the event that the Payroll Department notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Payroll Department of my employer as soon as possible.

Date: _____ Signature: _____