

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Show Name: _____

FOR AUTOMATIC PAYROLL DEPOSIT PROGRAM

New Agreement Change Account Cancel Agreement

The undersigned hereby authorizes _____ as the payroll agent for _____
to make automatic payroll deposits to the undersigned's bank account(s) as designated below. (Production Co. Name)

The undersigned acknowledges and agrees that such automatic payroll deposits may be made only if their designated financial institution is a Participating Depository Financial Institution in the Automated Clearing House system.

The undersigned agrees that if he or she closes the below-named bank account, or elects to terminate their participation in the Automatic Payroll Deposit Program, the undersigned shall immediately notify _____ by completing and delivering a new Direct Deposit Authorization Form. If the undersigned fails to notify _____ of a closed bank account or their termination in the Automatic Payroll Deposit Program, _____ shall not be liable for deposits directed to the bank account(s) designated below.

Please note: By default, your payslip will no longer be printed and mailed, but will be available to you online. **If you require that we continue to print your payslip, please check this box:**

Select One: Checking Account Savings Account Percentage: _____ % Amount: \$ _____

Financial Institution: _____

Account Name: _____ Account No. _____

Routing No: _____

Select One: Checking Account Savings Account Percentage: _____ % Amount: \$ _____

Financial Institution: _____

Account Name: _____ Account No. _____

Routing No. _____

Employee Name (print): _____ Social Security #: _____

Employee Email: _____

Employee Phone: _____

Employee Signature: _____ Date: _____