

JIM GLOVER AUTO FAMILY DIRECT DEPOSIT

We will be offering direct deposit for our employees beginning 2016. Please complete the account information below **LEGILBLY**. It is the responsibility of the employee to inform payroll of any changes in writing at least 7 days before the scheduled pay date.

Company Name: _____

I hereby authorize _____, hereinafter called COMPANY, to initiate credit entries to my ____ Checking Account / ____ Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSTITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I acknowledge that it is my responsibility to provide accurate and updated information to the COMPANY at least 7 days before my next scheduled pay date.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination at least 7 days before my next scheduled pay date.

Name: _____ Employee Number: _____

Signature: _____ Date: _____