

Memo

To: *Herzog Employees*
From: *Patty Dryer, Payroll Supervisor*
Re: *Direct Deposit*

As a Herzog Contracting Corp. employee, you are given the option of electing direct deposit. If you are interested in implementing this service, please fill out and sign the enclosed form. You will notice that two signatures are required if you have a joint account requiring two signatures. If you decide to make changes (banks or bank accounts) after we have initiated Direct Deposit, please realize the change will take two weeks to take effect.

When filling out the form, please pay special attention to the following:

1. Be sure your numbers are correct.
2. Attach a blank voided check or deposit slip.
3. Fill in all information, it is required.

The Transit/ABA number is located at the bottom of the check, next to the account number. If you are in doubt of the numbers that you need to use, please contact your bank.

If you do not want Direct Deposit at this time, please check the appropriate box and return the form.

If chosen, when Direct Deposit begins, it will make receiving your pay more convenient and readily available to you in the future. Please return the form to me as soon as possible. If you have any questions concerning Direct Deposit, please do not hesitate to call me.

The company encourages its employees to take advantage of the Direct Deposit.

Thank you.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME: HERZOG CONTRACTING, CORP.

I (we) hereby authorize HERZOG CONTRACTING, CORP.

Hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries adjustments for any credit entries in error to my (our) <> Checking Account indicated below and the financial institution named below, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ **BRANCH:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO: _____ **ACCOUNT NO:** _____
(9 positions)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and the financial institution named above a reasonable opportunity to act on it.

NAME (S*): _____

DATE: _____ **EMPLOYEE NO:** _____

SIGNED: _____

SIGNED: _____

***If your account requires two signatures then both parties must sign this form.**

Please check one:

<>I wish to participate in Direct Deposit

<>I do not wish to participate in Direct Deposit

Tape Your Voided Check or Deposit Ticket Here
Type of account (check one): <>checking <>savings

JOHN DOE 123 SOMEPLACE BLVD ANYWHERE, USA 123456	10000023 _____19____
PAY TO THE ORDER OF _____ \$ _____	
_____ DOLLARS	
ANYBANK, USA	
FOR _____	
	