

DATTCO, Inc.
Direct Deposit Authorization

To: Payroll Department

I _____ (Name) _____ (Employee#)
authorize **DATTCO**, Inc. to begin direct deposit of my paycheck to the following
banks:

1) _____ (Name of Banking Institution) _____ (9 digit Transit ABA #)
_____ (Account Number) Checking or Savings _____ (Enter Amount)
(Please check one)

2) _____ (Name of Banking Institution) _____ (9 digit Transit ABA #)
_____ (Account Number) Checking or Savings _____ (Enter Amount)
(Please check one)

3) _____ (Name of Banking Institution) _____ (9 digit Transit ABA #)
_____ (Account Number) Checking or Savings _____ (Enter Amount)
(Please check one)

Authorization: _____ Date: _____
(Employee signature)

Please staple voided check(s) or direct deposit saving authorizations from your banking institution. Please note: Direct deposit will be rejected if forms are not attached.