



Employee Authorization Agreement For Automatic Deposits

COMPANY: _____

Fed Tax ID: _____

ASSIGNED COMPANY ID NUMBER: _____

The undersigned hereby authorizes D. W. Tower, Inc. to initiate credit/debit transactions for payment of payroll, and if necessary, adjusting credit/debits for transactions made in error or transactions requiring reversals due to returned items to the account of the undersigned. All such transactions shall be made to the account indicated below and the Bank named below is hereby authorized to credit and/or debit the same to or from said account.

BANK: _____

BRANCH: _____ **TELEPHONE:**(____) _____

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

TRANSIT/ABA NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING: _____ **SAVINGS:** _____

IF CHECKING, PLEASE INCLUDE A VOIDED CHECK
IF SAVINGS, PLEASE INCLUDE A DEPOSIT SLIP

This authorization is to remain in full force and effect until the undersigned has provided written authorization to D. W. Tower, Inc. for its termination at such time and in such manner as to afford Agent and Bank a reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds D. W. Tower, Inc. or Agent harmless from any damage, loss or claim resulting from Company's authorized actions.

NAME: _____ **EMPLOYEE ID:** _____
(Print)

SIGNED: _____ **DATE:** _____

CHECK ONE: _____ **NEW PARTICIPANT** _____ **CHANGE**