



Direct Deposit Enrollment Request Form/Payroll

Authorization Agreement for Automatic Deposits (ACH Credits)

Company (Issuer) Name: PEED EQUIPMENT COMPANY

I authorize the above named **Company** and financial institution to electronically deposit my net pay to the specified account each payday.

Select One: Checking Savings

Account Number: _____

ACH Routing Number: _____

If monies to which I am not entitled are deposited to my account, I authorize the **Company** (issuer) to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing, or upon termination of my employment with said **Company**.

First Name	Middle Initial	Last Name
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Address	City	State	Zip Code
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Daytime Phone Number	Social Security Number
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Email Address	(Must provide. It's used for sending your paystub every Wednesday)
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Signature (Required)	Date
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Please attach a voided check to this completed form and email to tnguyen@peedequip.com or mail to the company.

Company Name: PEED EQUIPMENT COMPANY

Company Address: 43466 BUSINESS PARK DR.

City, State, Zip Code: TEMECULA, CA 92590

Checks go into account Thursday Eve. (Holiday exceptions apply)