Badger Swimpools

CONSTRUCTING INNOVATIVE AQUATIC FACILITIES

Authorization Agreement for Automatic Payroll Deposits

Employee Information

Your Name _____

Address _____

City _____ State _____ Zip _____

Financial Institution Information

Financial Institution Name _____ Bank Routing # _____

Address _____ Account # _____

Bank Phone Number _____ Checking ☐ Savings ☐

Deposit Amount $ _____

(Enter "NET" to deposit entire paycheck or remainder of check)

Additional Deposit Account

Financial Institution Name _____ Bank Routing # _____

Address _____ Account # _____

Bank Phone Number _____ Checking ☐ Savings ☐

Deposit Amount $ _____

Additional Deposit Account

Financial Institution Name _____ Bank Routing # _____

Address _____ Account # _____

Bank Phone Number _____ Checking ☐ Savings ☐

Deposit Amount $ _____

Authorization

I hereby authorize *Badger Swimpools* to deposit my payroll earning into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my account. This authority is to remain in full force and effect until written notice from me has been received by *Badger Swimpools* in such a manner as to afford reasonable time to act on it.

Signature _____ Date _____

Please attach a copy of a voided check for checking accounts and/or a copy of a deposit ticket for savings accounts.