

Winning Wheels, Inc.

Direct Deposit Agreement Form

Employee Name _____

- Begin Deposit Change Information Stop Deposit

Authorization Agreement

I hereby authorize Winning Wheels, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Winning Wheels, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Winning Wheels, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Winning Wheels, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Bank: _____

9 Digit Routing Number: _____

Account Number: _____ Checking | Savings

Amount: Fixed Amount \$ 100% of Net

Name of Bank: _____

9 Digit Routing Number: _____

Account Number: _____ Checking | Savings

Amount: Fixed Amount \$ 100% of Net

Signature

Employee Signature _____ Date: _____

Email Address to Receive Check Stub

Email Address: _____ Date: _____

Please attach a voided check for a checking account or a deposit slip for a savings account and return this form to the Payroll Department.