

MCA



Authorization for Direct Deposit - Employee Form

This authorizes Stapleton MCA to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (circle one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the end of the Aquatic Season or the Stapleton MCA receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

DATE

PRINT NAME

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the Stapleton MCA.