



DIRECT DEPOSIT Authorization

<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Add Additional Financial Institution	Effective Date	Employee Name (Last, First, MI)
Employee's Address (Street, City, State, Zip)		
Employee's Phone.		

Skyline Ultd Inc is hereby authorized to deposit my pay into my account(s) identified as and held at the financial institution identified below, and I certify that such account exists. This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number.

Institution Information 1:

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Other Institution Name: _____ Account Number: _____ Routing Number (9 digit #): _____ Amount to be deposited: <input type="checkbox"/> NET Pay <input type="checkbox"/> Other Amount _____
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Institution Information 2:

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Other Institution Name: _____ Account Number: _____ Routing Number (9 digit #): _____ Amount to be deposited: <input type="checkbox"/> NET Pay <input type="checkbox"/> Other Amount _____
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I have attached a voided check (for deposits to checking account) or deposit slip (for deposits to savings account) solely for the purpose of verifying my account number and the financial institution's routing number. The voided check or savings deposit form must include the employee's name preprinted on the form. If this is not the case the employee must sign the voided check or savings deposit form to indicate that this is the account their Skyline Ultd Inc pay should be deposited into. If I do not have a voided check I have attached a statement from the bank showing my account and routing number on bank letterhead. I understand that it is my responsibility to provide the correct account number and routing number for the financial institution. I also understand failure to provide accurate numbers may result in delaying my pay for up to two weeks.

Please sign and date the form and return it to Human Resources Department.
 Fax: 703-671-0400 Email: HR@Skyline-Ultd.com

Employee's Signature	Date
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