



DIRECT DEPOSIT AUTHORIZATION FORM

Authorization Agreement

I hereby authorize Work Zone Traffic Control, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize Work Zone Traffic Control, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Work Zone Traffic Control, LLC 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 Work Zone Traffic Control, LLC 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 Financial Institution: _____

PLEASE PROVIDE VOIDED CHECK OR FORM FROM BANK WITH YOUR
FULL BANK ACCOUNT NUMBER AND ROUTING NUMBER.

Checking | Savings

Signature

EMPLOYEE NAME (PLEASE PRINT) _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

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

Employees will not be enrolled in Direct Deposit until proof of bank information has been provided. A hard check will be issued and mailed to your address weekly until we receive the documentation required.