MacarthurEnergy

DIRECT DEPOSIT AUTHORIZATION

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

BANK NAME AND BRANCH

_____

BANK ACCOUNT NUMBER_____

BANK ROUTING NUMBER

_____

I hereby request the deposit of my entire paycheck into the above named account on every pay period.

THIS ACCOUNT IS A:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

NOTE: Please attach a deposit slip or cancelled check to this form to expedite this process.

_____

_____

Employee Signature Date

Direct Deposit will go into effect with the 2nd payroll cycle after submission of this form.