

NUTTER CORPORATION

DIRECT DEPOSIT AUTHORIZATION FORM

I authorize NUTTER CORPORATION and the financial institution(s) listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error, to my bank accounts listed below each payday. This authority will remain in effect until I have canceled it in writing.

Date: _____

Employee #: _____

Employee Name _____

Checking/ Savings	Routing #	Acct #	Financial Institution	Amount or Percent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employee Signature _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

I choose **NOT** to enroll in direct deposit at this time.

Signature Date

I authorize NUTTER CORPORATION to CANCEL my direct deposit authorization.

Employee Signature _____

Date _____