

BACKUP MUST BE ATTACHED – PLEASE ATTACH A VOIDED CHECK, DEPOSIT SLIP, OR OTHER BANK FORM FROM EACH ACCOUNT YOU LIST BELOW.

BACKUP MUST BE ATTACHED WITH THIS FORM TO START DIRECT DEPOSIT.

EMPLOYEE BADGE #

**MOODY GARDENS, INC.
PAYROLL DIRECT DEPOSIT FORM**

EMPLOYEE NAME	
EMPLOYEE ADDRESS:	
SOCIAL SECURITY #	
PHONE #	

Begin Deposit Change Information Cancel Direct Deposit

AUTHORIZATION: I hereby authorize Moody Gardens, Inc., hereinafter called company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credits issued in error to my account(s) as listed below and the Depository Institution named below, hereinafter called depository, to credit and/or debit the same to such account(s).

You may choose up to two (2) accounts for payroll deposits.

I wish to deposit the Entire Check into the account, or this amount \$ into this account.

Bank Name / City / State	
Bank Routing #	
Bank Account #	
Type of Account	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT

Fill in this space below if you wish to have more than 1 account for payroll funds:

I wish to deposit \$ _____, or remaining net amount, into this account.

Bank Name / City / State	
Bank Routing #	
Bank Account #	
Type of Account	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT

This authorization is to remain in effect until payroll has received written notification of termination allowing a reasonable amount of time for Moody Gardens, Inc. and the bank to act on it.

EMPLOYEE SIGNATURE

DATE

Return to the Moody Gardens, Inc. Payroll Department

