

**MOODY GARDENS, INC.**

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_  
PHONE: \_\_\_\_\_

CITY, STATE, ZIP CODE

Begin Deposit     Cancel my direct deposit     Change Information

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**PAYROLL 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  Checking and/or  Savings Account(s) indicated below and the Depository Institution named below, hereinafter called depository, to credit and/or debit the same to such accounts(s).

You may choose up to two accounts-your last account must be for the remaining amount owed to you.

Bank Name/City/State:

\_\_\_\_\_  
\_\_\_\_\_  
Transit/ABA# or Routing # \_\_\_\_\_  
Checking  Savings  Account Number: \_\_\_\_\_  
I wish to deposit: \$ \_\_\_\_\_ or  Entire Check

Bank Name/City/State:

\_\_\_\_\_  
\_\_\_\_\_  
Transit/ABA# or Routing# \_\_\_\_\_  
Checking  Savings  Account Number: \_\_\_\_\_  
I wish to deposit: \$ \_\_\_\_\_ or  Remaining Net Amount

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please attach a blank check for each checking account**, and/or a deposit slip for each savings account designated above, and return to your payroll manager. Payroll will stamp void on both the blank check and deposit slip.