



GEAUX POLISH  
LLC

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize Geaux Polish LLC (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institutions (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credits.

**EMPLOYEE INFORMATION (please print unless specified)**

Employee name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

CHECK ONE:

\_\_\_\_\_ Begin Deposit \_\_\_\_\_ Change Information \_\_\_\_\_ Cancel Direct Deposit

BANK INFORMATION:

Bank Name: \_\_\_\_\_

Routing Number (left 9 numbers on bottom of check): \_\_\_\_\_

Account Number (second set of numbers): \_\_\_\_\_

Check One: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**ATTACH VOIDED CHECK FOR EACH CHECKING ACCOUNT OR ATTACH DEPOSIT SLIP FOR EACH SAVINGS ACCOUNT.**

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_