



DIRECT DEPOSIT AUTHORIZATION

Name: _____ **LAST 4 DIGITS of SSN:** _____
Last First Middle

I authorize All States Asphalt Inc. and its' subsidiaries and affiliates to deposit the net amount of my payroll check to the account number(s) listed below. **YOU MUST ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM.**

PAYROLL DIRECT DEPOSIT

- 1. Financial Institution/City/State: _____ Amount/Percent: _____
Routing/Transit #: _____ Account #: _____ Checking Savings
- 2. Financial Institution/City/State: _____ Amount/Percent: _____
Routing/Transit #: _____ Account #: _____ Checking Savings
- 3. Financial Institution/City/State: _____ Amount/Percent: _____
Routing/Transit #: _____ Account #: _____ Checking Savings
- 4. Financial Institution/City/State: _____ Amount/Percent: _____
Routing/Transit #: _____ Account #: _____ Checking Savings

- By checking here, I consent to electronic delivery of my weekly pay stub to the following email address:** _____
- I understand that my Direct Deposit to multiple banking institutions must total 100%. I cannot have my paycheck split between direct deposit and a check.

EMPLOYEE EXPENSE REIMBURSEMENT DIRECT DEPOSIT

I authorize All States Asphalt Inc. to deposit the net amount of my expense reimbursement check to the account number listed below. (You must designate one account for your entire expense reimbursement. You may NOT split your expense reimbursement between multiple accounts).

- 1. Financial Institution/City/State: _____
Routing/Transit #: _____ Account #: _____ Checking Savings

- By checking here, I consent to electronic delivery of my expense record to the following email address:** _____

DIRECT DEPOSIT RULES AND DEADLINES

- I understand that my payroll direct deposit will take effect the first payday following receipt of this form, and expense reimbursement direct deposit will take effect the Monday following receipt of this form.
- This request will remain in effect until I have made a written request to stop my Direct Deposit.
- It is my responsibility to notify the Payroll Dept. (413-665-7021 X 2310) and/or the Accounting Dept. (413-665-7021 X 2375) of closed accounts prior to submitting my next expense report.
- With Direct Deposit, I authorize All States Asphalt Inc., its' subsidiaries and/or affiliates to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account.

Signature

Date