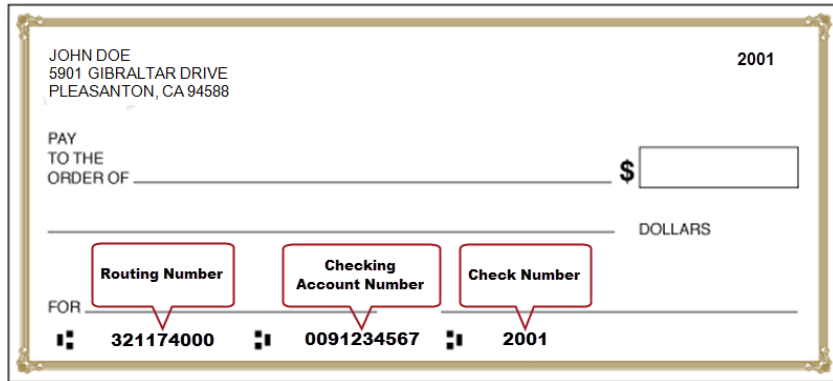


SILTON EMPLOYEE DIRECT DEPOSIT

Employee's Name: _____ D.O.B: _____

Email address (not a school address): _____

***Direct Deposit is required for all employees. Please download the ADP mobile app.**



Account #1

Name on Account: _____

Bank Name: _____

Account Type (circle one) CHECKING SAVINGS

Account Number: _____

Routing Number: _____

***If you would like to deposit money into 2 different accounts add the 2nd account below. If not, then 100% of your pay check will be deposited into the account above.**

Account #2

Name on Account: _____

Bank Name: _____

Account Type (circle one) CHECKING SAVINGS

Account Number: _____

Routing Number: _____

Percentage or dollar amount would you like deposited into this second account: _____

I hereby authorize Silton Corp and the bank(s) listed above to automatically deposit my payroll check into the above account(s). This authorization will remain in effect until my employer is notified in writing.
Signature _____ Today's Date _____