

TKE Authorization Agreement for Direct Deposit

***** USE ONE FORM FOR EACH ACCOUNT *****

I hereby authorize ThyssenKrupp Elevator, hereinafter called COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for my credit entries in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same in account.

Name _____ Phone # _____

Employee/Clock # _____ Branch Location _____

Depository Name _____ NEW ACCT ADD ACCT STOP ACCT CHANGE AMT

Bank Routing # _____ Bank Acct # _____ Amount \$ _____ *

TKE Paycard (enter 16 digit card number here): _____

Type: CHECKING ACCOUNT/PAYCARD SAVINGS ACCOUNT

- * Amount field only applicable if there are multiple accounts. If only one account is used, 100% of net pay will be deposited to that account.
- * Up to 5 accounts allowed (submit a separate form for each account)

VOID CHECK or Bank Letter with employee's name preprinted on it REQUIRED
*starter/temporary checks and deposits slips cannot be used as they do not contain the required information
*does not apply to TKE Paycard accounts

John Doe 1234 Your Street City, ST 12345	0001
Date _____	
Pay to the Order of _____ VOIDED _____ \$ _____	Dollars
ANYBANK	
For _____	VOIDED
: 001234567 BANK TRANSIT/ABA #	: 0001 123456789: ACCOUNT #

ELECTRONIC PAY STATEMENT ELECTION

I elect to have my pay statement emailed to me at _____ *

(Please print email address clearly)

- * **WEEKLY employees must use a personal email address to participate ***
- * Election is voluntary (not required)
- * Statement can be sent to only one email address
- * Emailed statement will replace paper statement (applies to employees paid weekly)

I would like to cancel electronic pay statements

* Pay statements cannot be accessed through company-issued PDAs

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Signature _____ Date _____

Please submit to prdept@thyssenkrupp.com by scan/email or fax to 866.228.6187
ThyssenKrupp Elevator Corporation, 11605 Haynes Bridge Rd, Suite 650, Alpharetta, GA 30009