



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____ Social Security Number: _____

New Participant

Account Change

Cancellation

Account #1

Checking

Savings

Financial Institution Name: _____

City: _____ State: _____

Entire Net Pay

\$ Amount: _____

% of Net: _____

Please attach one of the following (check one)

Voided Check (deposit slips are not accepted)

Bank Letter or Specification Sheet (see your local bank representative)

Account #2

Checking

Savings

Financial Institution Name: _____

City: _____ State: _____

Entire Net Pay

\$ Amount: _____

% of Net: _____

Please attach one of the following (check one)

Voided Check (deposit slips are not accepted)

Bank Letter or Specification Sheet (see your local bank representative)

Account #3

Checking

Savings

Financial Institution Name: _____

City: _____ State: _____

Entire Net Pay

\$ Amount: _____

% of Net: _____

Please attach one of the following (check one)

Voided Check (deposit slips are not accepted)

Bank Letter or Specification Sheet (see your local bank representative)

I authorize MESA to forward my net payroll earnings to the financial institution(s) and account(s) indicated above.

I hereby authorize MESA to initiate credit entries (deposits) and to initiate, if necessary, debit entries (corrections and/or adjustments) for any credit entries in error to my checking and/or savings account(s) as indicated above. I authorize the financial institution(s) stipulated above to credit and/or debit all such amounts to my account(s) indicated above.

This authorization is to remain in force until MESA receives written notice from me and has had reasonable time to process any requested changes.

Employee Signature

Date

****Please note that this form only changes your direct deposit for payroll. If you would like to change your expense account, contact Melinda Burrell at melinda.burrell@mesaproducts.com or 918-384-6113****

HR Use Only

PR Deduction Entered _____