DIRECT DEPOSIT AUTHORIZATION & SIGN-UP FORM

DIRECTIONS

To sign up for Direct Deposit, the payee must complete *SECTION 1* below of this form. All information, A through E, must be provided. Take this form to your financial institution and they must verify the information provided by you in Section 1 and must complete *SECTION 3*. The completed form, with all appropriate signatures, must returned to the Human Resource department for processing.

 Section 1 (TO BE COMPLETED BY PAYEE)

 A Name of Payee (last first middle initial)
 D Type of Account
 Checking
 Savings

A Name of Payee (<i>last, first, middle initial</i>)			D Type of Account						Checking				Savings		
			Deposit	or Aco	count N	lumb	er								
B Telephone Number ()		Е													
C Address (<i>street, route, P.O. Box</i>)			City State Zip Code												
Payee Certification I certify that I am entitled to the payment identified above and by signing this form I authorize GMS Mine Repair and Maintenance, Inc., Pioneer Conveyor, LLC, or Garrett Mine Supply, Inc. (companies) to initiate payroll credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries made in error to my financial institution account indicated above. I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I also understand that this direct deposit authorization is to remain in full force and effect until employment is terminated or the companies have received a new signed direct deposit authorization form from me. Changes and/or new authorizations must be received no later than 12:00 noon on the Friday prior to the scheduled payroll to be effective for the next payroll. Failure to provide the requested information may affect the processing of this form and delay or prevent the receipt of payments through the direct deposit/electronic funds transfer program. I understand that I must keep the companies informed of any address change in order to receive my pay and important information regarding benefits and to remain qualified for payments. A separate form must be completed for each type of payment to be sent by direct deposit. I certify and understand all of the above.															
G Signature	Date		Signatu	re (Op	otional	for Jo	oint Acc	count)		Date				
SECTION 2 (MUST BE COMPLETED BY FINANCIAL INSTITUTION OR THIS FORM IS VOID)															
Name and Address of Financial Institution			Routing			Jumb	er] [Chec	<	
I certify the identity of the above name I certify that the financial institution ag		t nı	umber ar	nd title	. As re	pres									
Print or Type Representative's Name Signature of Represent			tative Tele						lephone Number				Date		
The financial institution should return the form to the employee when completed or directly to the company and address noted above.															
Company Name															
GMS Mine Repair and Maintenance, Inc.			Please forward back by fax or email:												
Pioneer Conveyor, LLC			Email: dwelch@gmsminerepair.com												
Questions: Call 301-334-8186 ext 204			Fax: (301) 334-8698												