



Direct Deposit & Cancellation Authorization Form

INSTRUCTIONS:

1. Complete the entire form. The document will NOT be processed with missing information.
2. (CHECKING) Attach a voided or copy of a check. (NO DEPOSIT SLIPS)
3. (SAVINGS) Attach a letter from the bank, or something which states the account number and bank number.
4. 100% of your net check must be direct deposit. No partial deposit/partial live check will be accepted.
5. Forward to payroll by email PayrollBenefits@shamrockfoods.com or by fax to 602-477-6810.

ATTACH VOIDED CHECK OR SAVINGS INFORMATION HERE

I hereby authorize and request SHAMROCK FOODS ("COMPANY") to make payment of any amounts owed to me by initializing credit entries to my account at the Bank ("BANK") indicated below. I hereby authorize and request the bank to accept any credit entries initiated by SHAMROCK FOODS and to credit all such entries to my account without liability for the correctness of the entries. I understand that I may terminate this agreement at any time by written notice to Payroll within five (5) working days prior to any pay day.

Employee Information

Associate Name: _____ Last 4 of SS #: _____

Department : _____ Employee ID: _____

Bank Information

Bank Name: _____
 Routing #: _____
 Account #: _____
 Amount: _____

Modification Type: Modify Existing Account
 Add New Account
 Delete Existing Account

Account Type: Checking
 Savings
 Flat Amount Net

Bank Name: _____
 Routing #: _____
 Account #: _____
 Amount: _____

Modification Type: Modify Existing
 Add New Account
 Delete Existing Account

Account Type: Checking
 Savings
 Flat Amount Net

Bank Name: _____
 Routing #: _____
 Account #: _____
 Amount: _____

Modification Type: Modify Existing Account
 Add New Account
 Delete Existing Account

Account Type: Checking
 Savings
 Flat Amount Net

Special Instructions:

Signature : _____

Date: _____