AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize Eby Construction, "EBY", to deposit to my account/accounts indicated below the net amount I am due for any pay period with the effect as if a check had been delivered to me for such amounts. I also authorize the Financial Institution/Institutions indicated below to deposit the same to such account/accounts. Should an over deposit be made, the Financial Institution/Institutions is authorized to return to "EBY" the amount of any such overage.

CHECKING ACCOUNT INSTRUCTIONS

This account is: (check one option)

____ All net pay
____ Remainder of check
____ Flat dollar amount $ _____

_____
Name of Financial Institution

City _____ State _____

ATTACH VOIDED OUT PERSONAL CHECK HERE

SAVINGS ACCOUNT INSTRUCTIONS

This account is: (check one option)

____ All net pay
____ Remainder of check
____ Flat dollar amount $ _____

_____
Name of Financial Institution

City _____ State _____

ATTACH VOIDED OUT PERSONAL CHECK HERE

This authority is to remain in full effect until "EBY" has received written notice of cancellation from me in such time and manner as to allow "EBY" and the Financial Institution/Institutions a reasonable amount of time to cancel this authorization. Termination of employment, after receipt of final check, also voids this agreement.

Printed Name	Signature	Social Security Number

CANCELLATION AUTHORIZATION: I hereby request cancellation of this authorization.

Printed Name	Signature	Social Security Number	Date