



- NEW
- CHANGE
- CANCEL

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

PAYROLL ONLY

NAME: (Please Print) _____

Center No.: _____ **Social Security Number**
 - -

I authorize Wingfoot Commercial Tire Systems, LLC and the financial institution listed below to deposit my pay electronically to my account each payday. If funds to which I am NOT entitled are deposited to my account, I authorize Wingfoot Commercial Tire Systems, LLC to direct the financial institution to return said funds. Wingfoot Commercial Tire Systems, LLC reserves the right to refuse Direct Deposit Set-up Instructions to any Financial Institution that does not allow electronic Debit entries (reversals). This authority will remain in effect until Wingfoot Commercial Tire Systems, LLC has received notification from me to cancel the authorization, until I have signed a new authorization agreement, or upon termination of my employment.

Please check one: Checking Account Savings Account Account No. _____

Financial Institution Name: _____ **Bank Phone No. :** (____) _____ - _____

City: _____ **State** _____

Signature: _____ **Date** _____

***Attach Voided Check
or
Account I.D. Card
Here

No Deposit Slips***