

DIRECT DEPOSIT

Attached are the enrollment forms necessary for you to begin direct deposit of your payroll check.

1. Please complete the 'Authorization Agreement For Automatic Deposits' form and attach the appropriate voided blank check or deposit slip to the form.
2. If you would like to distribute your paycheck into multiple accounts, you will need to attach a voided blank check or deposit slip for each account. In addition, please indicate how you would like your paycheck distributed on the 'Authorization For Automatic Deposit Distribution' form. If you wish to deposit your paycheck into only one account, you do not need to complete this form. The amount deposited into each account can be designated as either a percent of your net pay or a straight dollar amount.
Example: You can elect to deposit \$40.00 each pay period directly into your savings. The remainder will be deposited into your primary account. Any distributions will be detailed on your Deposit Receipt Stub.
3. Upon completion of all necessary forms, turn them in at your store front to submit to the payroll office. Once you are set up for direct deposit, it will be approximately 2 weeks before your money will be automatically deposited.

If you have any questions, please call the Payroll Department at (806) 791-0220

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name: United Supermarkets, Ltd.

Team Member Number: _____

I hereby authorize United Supermarkets, Ltd., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (Select One) _____ Checking or _____ Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until COMPANY has received notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ SSN: _____

DATE: _____ SIGNED X: _____

ATTACH VOIDED BLANK CHECK OR ACCOUNT DEPOSIT SLIP TO VALIDATE PRIMARY ACCOUNT INFORMATION	Jane A. Doe 100 Main St. Anywhere, USA 10001	0611
		_____ 20 _____
	Pay To The Order of _____	\$ _____ DOLLARS
	MEMO _____	
	: 256000649 : 0302 0032178 ' 0611	
	---Transit No.--- ----Account No.---- --Check No.--	

ATTACH VOIDED BLANK CHECK OR ACCOUNT DEPOSIT SLIP TO VALIDATE SECONDARY ACCOUNT INFORMATION	Jane A. Doe 100 Main St. Anywhere, USA 10001	0611
		_____ 20 _____
	Pay To The Order of _____	\$ _____ DOLLARS
	MEMO _____	
	: 256000649 : 0302 0032178 ' 0611	
	---Transit No.--- ----Account No.---- --Check No.--	

AUTHORIZATION FOR AUTOMATIC DEPOSIT DISTRIBUTION

TEAM MEMBER NAME _____ TEAM MEMBER NUMBER _____

DEPOSITORY NAME _____ TYPE OF ACCOUNT _____ (C – checking S – savings)

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

PERCENT OF NET _____ %
Or
AMOUNT _____

DEPOSITORY NAME _____ TYPE OF ACCOUNT _____ (C – checking S – savings)

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

PERCENT OF NET _____ %
Or
AMOUNT _____

DEPOSITORY NAME _____ TYPE OF ACCOUNT _____ (C – checking S – savings)

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

PERCENT OF NET _____ %
Or
AMOUNT _____

This authority is to remain in full force and effect until United Supermarkets, Ltd. has received notification from me of its termination in such time and in such manner as to afford United Supermarkets, Ltd. a reasonable opportunity to act on it.

(PLEASE PRINT)
NAME _____ SSN _____

DATE _____ SIGNED X _____