

Name: _____

PAYROLL DESTINATION FORM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I hereby authorize **SALTWATER INC.** hereinafter called COMPANY to initiate credit entries to my account at the depository named below, hereinafter called DEPOSITORY.

DEPOSITORY (BANK) _____
BRANCH ADDRESS _____
CITY _____ STATE _____ ZIP _____
TRANSIT / ABA NUMBER: _____
ACCOUNT NUMBER _____

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

By my signature, I _____ authorize Saltwater Inc. to hold or disburse any and all payroll checks issued to me as indicated above.

NAME _____ SOCIAL SECURITY NO. _____
(please print)

SIGNATURE _____ DATE _____

****Please note, paystubs are only available online. In order to access your paystubs, you must provide a valid email address below to be enrolled. No paper copies will be generated.

Email: _____
(please print clearly)