



## DIRECT DEPOSIT

*Authorization/Change/Cancellation*

Please check one of the following:

New

Change

Cancellation

*I (we) hereby authorize Ultra Technologies, Inc. hereinafter called Company to initiate credit entries to my (our) checking or saving account as indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.*

DEPOSITORY BANK NAME: \_\_\_\_\_

BANK ADDRESS (Home Branch): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK TRANSIT/ABA NUMBER: \_\_\_\_\_

(The first 9 digits before your account number)

ACCOUNT NUMBER: \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NUMBER: \_\_\_\_\_

Check one of the following:

Semi-Monthly

Monthly

Checking

Savings

EMPLOYEE NAME (PRINT): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

JOINT ACCOUNT HOLDER NAME (PRINT): \_\_\_\_\_

JOINT ACCOUNT HOLDER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PLEASE NOTE:

*✍️ This authorization will remain in full force and effect until the Company has received written notification of its change. All changes must be received in Human Resources by the 5<sup>th</sup> of the month in order for change to be effective on the first payroll of the following month. I understand that the Company is not responsible for my financial institution's timeliness in crediting Direct Deposits.*

**PLEASE STAPLE YOUR DEPOSIT SLIP OR VOID CHECK HERE**