

DIRECT DEPOSIT INSTRUCTIONS

TO: QM/IM PAYROLL DEPARTMENT DATE: _____
FROM: NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME / CELL PHONE _____

YOU ARE HERE BY AUTHORIZED and directed (unless otherwise advised by me in writing) to deduct the amount of money shown below from my earnings each pay period, after all other legally-required deductions have been made, provided sufficient wages are available, and remit to the financial institution noted below.

DIRECT DEPOSIT TO:

CHECKING TOTAL AMOUNT TO DEPOSIT _____
FINANCIAL INSTITUTION _____
ROUTING NO. _____ ACCT NO. _____

CHECKING TOTAL AMOUNT TO DEPOSIT _____
FINANCIAL INSTITUTION _____
ROUTING NO. _____ ACCT NO. _____

CHECKING TOTAL AMOUNT TO DEPOSIT _____
FINANCIAL INSTITUTION _____
ROUTING NO. _____ ACCT NO. _____

CHANGE:

- INCREASE
- DECREASE
- STOP ALL DEDUCTIONS EFFECTIVE DATE _____

EMPLOYEE SIGNATURE DATE SET-UP COMPLETED BY/DATE

PLEASE ATTACH A VOID CHECK HERE