

AUTHORIZATION FOR DIRECT DEPOSIT

A voided check or bank authorization form must be attached for account number verification. Direct deposits cannot be processed without either form.

I hereby authorize Bashas' and the below named financial institution to initiate automatic payroll deposits to my checking or savings account as listed below. I also authorize Bashas' and financial institution to initiate reversals, providing Bashas' has notified me in advance.

These authorities to remain in full force and effect until you receive written notification from me of its termination.

Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Type of Account: ___Checking ___Savings

Amount to deposit: _____ ("ALL" or dollar amount)

Member name: _____ Member Number: _____

Member Signature: _____ Date: _____

Please be sure to complete this form in its entirety. Incomplete forms cannot be processed. Allow 3-4 weeks for processing.

AUTHORIZATION TO CANCEL DIRECT DEPOSIT

Written notification required to stop direct deposit when closing account

I hereby authorize Bashas' to stop automatic deposits to my checking or savings account listed below.

Financial Institution Name: _____

Checking Account Number: _____

Routing Number: _____

Member name: _____ Member Number: _____

Member Signature: _____ Date: _____

PAYROLL FAX # 480-895-3899