Tom’s Automotive Wrecker Service, LLC

Authorization for Direct Deposit

_____ _____ _____

Last Name First Name Middle Initial

☐New ☐Change ☐Cancel

Type of Change

_____

Effective Date

_____

Routing Transit Number

☐Checking ☐Savings

Type of Account

_____

Account Number

☐Self ☐Joint ☐Other

Ownership of Account

By signing this agreement, I authorize Tom’s Automotive Wrecker Service, LLC to initiate credit entries to the account indicated above for the purpose of expense and/or payroll.

I also authorize Tom’s Automotive Wrecker Service, LLC to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

_____ _____

Signature Date

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

_____ _____

Signature Date