**Direct Deposit Authorization**

## This authorization form gives your company and your financial institution authority to deposit your pay to your account. All you need to do is:

1. Fill in your name/business name, social security number or Tax ID # and phone number in the Information section.
2. Check either your savings or checking account that funds will be deposited into.
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution
4. Please sign and date the bottom of the form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Information | | | | | |
| Name/Business: Name : |  | | | |
| Soc Sec # or Tax ID #: | | |  |
| Contact Phone #: | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Authorization for Direct Deposit | | | | | | | |
| I authorize | | Dawson Farms | | | | | to initiate electronic credit entries for each pay period to my: |
| Check one: | Checking Account | | | Savings Account | | If necessary, debit entries and adjustments for any credit entries ­­­n error | |
| to this account. I acknowledge that the origination of ACH transactions to my account and comply with the | | | | | | | |
| provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. | | | | | | | |
| Direct Deposit Account Information – Account 1 | | | | | | | |
| Financial Institutions Name: | | | | |  | | |
| Account Number at Financial Institutions: | | | | |  | | |
| Financial Institutions Routing/Transit Number: | | | | |  | | |
| Financial Institution City and State: | | | | |  | | |
| Authorization | | | | | | | |
| Signature: | | |  | | | | |
| Date: |  | | | | | | |

**GAP – Good Agricultural Practices**

**Food Safety / Worker Health and Hygiene Policy**

**Standard Operating Procedure:**

•Contracted personnel must follow all Good Agricultural Practices (GAP) food safety and worker health and hygiene practices.

•Contracted personnel must wash their hands with antibacterial soap and potable water before beginning or returning to work, after using the restrooms and after eating.

•Contracted personnel must use the restrooms that are provided.

•Absolutely NO dumping of oil, petroleum products, chemical, oil cans, used tires, garbage or debris of any kind. There will be garbage containers available for garbage only, the other debris will go home with the driver.

•Pets are forbidden to run about; they MUST remain in the truck or be on a leash.

Children are forbidden to run about.

•Smoking, chewing tobacco, eating and drinking are strictly prohibited during the loading process.

•Contracted personnel with flu like symptoms, diarrheal disease or any other infectious conditions are prohibited from handling potatoes.

•First aid kits are available in each scale house at the warehouse locations. Any cuts or abrasions must be immediately reported to a supervisor and bandaged. Report any blood or body fluid contamination immediately.

•Prior to the loading process, transportation equipment is required to be washed, in good physical condition, free of foreign materials, disagreeable odors and free of potential contaminating products, excessive dirt and/or debris and have the capability of maintaining specified temperature. Bows must be wrapped in foam. Trailers will not be used to carry non-produce items during the harvest season.

•Every attempt is made during loading of trucks and transportation conveyances so minimal damage to the product occurs. No walking or standing on potatoes during loading.

•Harvested product being transported from the storage areas and/or field to processing plants will be covered.

This is a no tolerance policy.

By signing below, I understand and agree to abide by the above policies.

Signature: (*All drivers are required to sign this agreement, make more copies if necessary.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name:

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