

Koyle's Classic Construction

Employee Information Worksheet



Full Legal Name: _____

Social Security Number: _____ Birthdate: _____

Address (Include City, State and Zip): _____

E-mail address: _____

Home Phone: _____ Mobile Phone: _____

Spouse Name: _____ Spouse Mobile Phone: _____

Driver's License ID# _____

Authorization for Direct Deposits

This authorizes Koyle's Classic Construction to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the "Account" to post all such entries.

"Account"

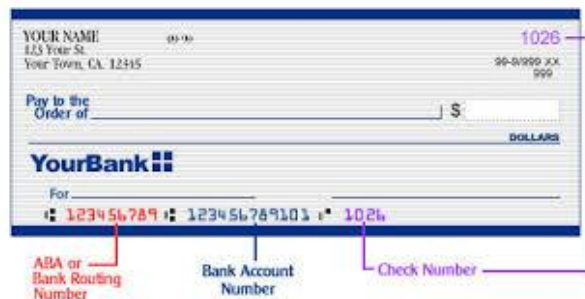
Account Type: (e.g. checking or savings) _____

Employee Bank Name: _____ Branch: _____

City, State, Zip: _____

Account Number:

Bank Routing Number (ABA):



This authorization will be in effect until the company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Printed Name

Date

Signature

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer.