

# Payroll Direct Deposit Authorization Form

Company:      Frontier Logistics      Frontier Transport      KPB Landbridge      Woodbridge

## Employee Information

Name: \_\_\_\_\_ Employee No. \_\_\_\_\_

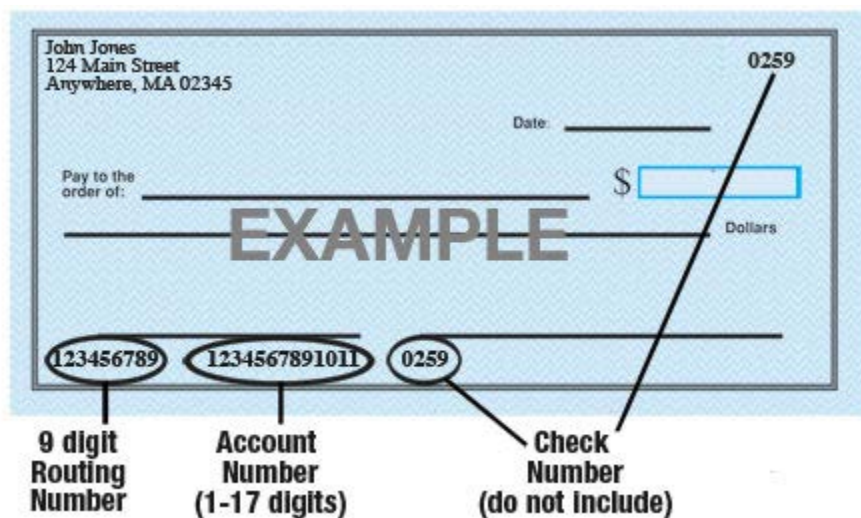
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Bank Information

Name of Bank: \_\_\_\_\_

Type of Account:      Checking      Savings



9-Digit Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**NOTE: IN ORDER TO PROCESS A DIRECT DEPOSIT, A VOIDED CHECK, OFFICIAL BANK DIRECT DEPOSIT FORM, OR AN OFFICIAL BANK PRINT OUT SHOWING YOUR ROUTING AND ACCOUNT NUMBERS IS REQUIRED AND MUST BE ATTACHED TO THIS FORM. NO EXCEPTIONS.**

*I hereby authorize my employer to directly deposit my pay to the account listed above. This authorization extends to any ACH or wire activity that may be necessary to ensure my payroll is correct. This authorization will remain in effect until I modify it.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date