



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I authorize D&Y, Inc. and Regions Bank to electronically deposit my compensation to the specified:

Account Number: _____

Please check type of account: Checking Savings

BANK NAME

BRANCH

BANK TRANSIT/ABA NUMBER

Any adjustments will be corrected on the following compensation period. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my assignment with D&Y, Inc.

NAME (please print)

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

A VOIDED CHECK MUST BE ATTACHED TO ENSURE ACCURACY.

**Please Fax completed form to: Amy Mahone, D&Y Inc., Fax # 256-382-6478

I decline direct deposit this time.

SIGNATURE

DATE

PRINTED NAME