

IATSE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE INFO:

EMPLOYEE NAME _____

SIGNATURE _____

BANK INFORMATION:

BANK NAME _____

CITY, STATE, ZIP _____

TRANSIT / ROUTING # _____

ACCOUNT # _____

TYPE OF ACCOUNT: (please check one)

CHECKING

(PLEASE ATTACH A VOIDED CHECK)

SAVINGS

(PLEASE ATTACH VERIFICATION OF ACCOUNT)