

## 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)