Direct Deposit -

Credit Authorization

I (we) hereby authorize GULF COAST UTILITY CONTRACTORS, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account for PAYROLL DEPOSITS. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ _____

(Financial Institution Name) (Branch)

_____

(Address) (City/State) (Zip)

_____ _____ Type of Account ☐ Checking ☐ Savings

(Routing Number) (Account Number)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination. The COMPANY is to be notified no less than fifteen (15) days prior to the next transmission.

_____ _____

(Print Individual Name) (Signature)

_____ _____

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

Email Address youd like a copy of your paystub sent to _____@_____