



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

LOCATION NAME: _____

I, HEREBY, AUTHORIZE THYSSEN INC., NA, HEREAFTER CALLED THE "COMPANY" TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR, TO MY ACCOUNT INDICATED BELOW, AND THE FINANCIAL INSTITUTION NAMED BELOW, HEREAFTER CALLED "FINANCIAL INSTITUTION". TO CREDIT AND DEBIT THE SAME ENTRIES TO SUCH ACCOUNT.

DEPOSIT AS INDICATED BELOW:

1. NAME OF FINANCIAL INSTITUTION _____ Phone _____

City _____ State _____ Zip Code _____ ABA TRANSIT NO. _____

TOTAL PAY _____, OR \$ _____ (SPECIFY AN AMOUNT)

Indicate type of account, i.e., checking, savings: _____ Account # _____

2. NAME OF FINANCIAL INSTITUTION _____ Phone _____

City _____ State _____ Zip Code _____ ABA TRANSIT NO. _____

TOTAL PAY _____, OR \$ _____ (SPECIFY AN AMOUNT)

Indicate type of account, i.e., checking, savings: _____ Account # _____

3. NAME OF FINANCIAL INSTITUTION _____ Phone _____

City _____ State _____ Zip Code _____ ABA TRANSIT NO. _____

TOTAL PAY _____, OR \$ _____ (SPECIFY AN AMOUNT)

Indicate type of account, i.e., checking, savings: _____ Account # _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME ON ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE COMPANY A REASONABLE TIME TO ACT ON IT.

NAME: _____ S. S. NUMBER _____
PLEASE PRINT

SIGNATURE _____ DATE _____

NOTE: IN ORDER TO VALIDATE YOUR ACCOUNT INFORMATION, PLEASE ATTACH A VOIDED BLANK CHECK AND/OR SAVINGS DEPOSIT SLIP. PLEASE DO NOT ATTACH A CHECKING DEPOSIT SLIP.

****FINANCIAL INSTITUTION, I.E., BANK CREDIT UNION, ETC., MUST HAVE ABA TRANSIT AUTHORIZATION.**