
DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____ EFFECTIVE DATE: _____

SOCIAL SECURITY NUMBER: _____

DIRECT DEPOSIT #1

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %
2. Fixed Amount per Check: _____
3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

DIRECT DEPOSIT #2

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %
2. Fixed Amount per Check: _____
3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

DIRECT DEPOSIT #3

BANK NAME: _____ BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ACCOUNT TYPE: CHECKING

SELECT ONE METHOD: SAVINGS

1. Percent of Net Pay: _____ %
2. Fixed Amount per Check: _____
3. Balance of Net Pay with Minimum Check of: _____

YEARLY LIMIT: _____

I authorize MGE UNDERGROUND, INC.
to initiate accounting transactions to deposit my employee pay directly into the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until MGE UNDERGROUND, INC. receives written notice from me to cancel or change this authorization.

Employee Signature

Date