



A-Beautiful Pools, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize A-Beautiful Pools, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize A-Beautiful Pools, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold A-Beautiful Pools, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

Please note that any error or delay of updated information by the employee that results in a direct deposit returned will be subject to a \$30 return fee.

This agreement will remain in effect until A-Beautiful Pools, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

****If you are a returning Employee and would like to keep your previous years Direct Deposit on file Active, please write "SAME" in the Account Information Section. Please also sign and date the last section of this form. ****

Account Information

First and Last Name (Print Please): _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Name (Printed) _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.