



Payroll Set-Up Information

Direct Deposit Authorization

I authorize Frattonone Companies, Inc. to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my following account:

_____ checking account or _____ savings account

Financial Institution Name (please print): _____

Financial Institution City and State: _____

Financial Institution Routing Number: _____

Account Number: _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature: _____