THE LINDE GROUP

Linde

DIRECT PAYROLL DEPOSIT AUTHORIZATION

EMPLOYEE ID: _____ **Name:** _____ **PHONE # :** _____

1. Please indicate type of Account: ____ Checking ____ Savings

_____ ____ New Authorization
BANK NAME ____ Change of Authorization

_____ ____ Stop Direct Deposit
BRANCH ADDRESS

_____ AMOUNT TO BE DEPOSITED:
BANK PHONE NUMBER [ ] BALANCE OF NET PAY
[ ] FIXED AMOUNT OF $_____ PER PAY PERIOD

TRANSIT ROUTING NUMBER **ACCOUNT NUMBER INFORMATION**

⑆ | | | | | | | | | | ⑈ ⑆ | | | | | | | | | | | | | | | | | | |

2. Please indicate type of Account: ____ Checking ____ Savings

_____ ____ New Authorization
BANK NAME ____ Change of Authorization

_____ ____ Stop Direct Deposit
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BANK PHONE NUMBER [ ] BALANCE OF NET PAY
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3. Please indicate type of Account: ____ Checking ____ Savings

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4. Please indicate type of Account: ____ Checking ____ Savings

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BANK NAME ____ Change of Authorization

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_____ AMOUNT TO BE DEPOSITED:
BANK PHONE NUMBER [ ] BALANCE OF NET PAY
[ ] FIXED AMOUNT OF $_____ PER PAY PERIOD

TRANSIT ROUTING NUMBER **ACCOUNT NUMBER INFORMATION**

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I hereby authorize Linde to initiate credit entries and to initiate, if necessary, debt entries as adjustments for any credit entries in error to my checking and/or savings accounts so indicated in my employee files as payroll direct deposit information. This authority is to remain in full force and effect until Linde has received written notification from me of its termination in such time and in such manner as to give Linde a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____