



Oak Harbor Freight Lines, Inc.

Direct Deposit Authorization Form

TERMINAL LOCATION: _____ / # _____

EFFECTIVE DATE: _____

NAME: _____
Legal - As shown on Social Security Card

EMPLOYEE #: _____

SOCIAL SECURITY #:

BANK NAME

CITY

STATE

ZIP

ABA/TRANSIT ROUTING#:

ACCOUNT NUMBER

DOLLAR AMOUNT

CHECKING ACCOUNT # _____

AMOUNT _____

CHECKING ACCOUNT # _____

AMOUNT _____

SAVINGS ACCOUNT # _____

AMOUNT _____

SAVINGS ACCOUNT # _____

AMOUNT _____

I AUTHORIZE OAK HARBOR FREIGHT LINES TO INITIATE DIRECT DEPOSIT TO THE ABOVE NAMED FINANCIAL INSTITUTION. I UNDERSTAND THAT ANY CHANGES OR CANCELLATIONS MUST BE SUBMITTED IN WRITING TO THE PAYROLL DEPARTMENT. I ALSO UNDERSTAND THAT IT TAKES A MINIMUM OF TWO PAY PERIODS TO COMPLETE THE INITIAL DIRECT DEPOSIT PROCESS ON ANY NEW OR CHANGED ACCOUNT NUMBERS

ATTACH YOUR VOIDED CHECK OR A SAVINGS DEPOSIT HERE

I HAVE ATTACHED A VOIDED CHECK OR A SAVINGS DEPOSIT FOR ACCOUNT VERIFICATION

 SIGNATURE: _____