

NEW  CHANGE  CANCELLATION

**DIRECT DEPOSIT FORM - HILAND DAIRY FOODS COMPANY**

**AUTHORIZATION FOR ELECTRONIC ENTRIES TO CHECKING/SAVINGS ACCOUNT**

The undersigned hereby authorizes Hiland Dairy Foods Company (the Company) to make electronic credit entries and any necessary adjustments involving these entries in the account identified below at \_\_\_\_\_ (your Bank) and authorizes the bank to accept such entries and make any necessary adjustments. It is agreed that these entries will be made under the Rules of the National Automated Clearing House Association. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until written notice of change or cancellation is delivered to the Company in a timely manner so as to afford the Company an opportunity to act thereon. In no event shall such termination be effective as to entries processed prior to receipt of such notice.

**Account Information:**

Bank Name \_\_\_\_\_

City & State \_\_\_\_\_

Account Type  Checking  Savings

Account # \_\_\_\_\_

Transit Routing # \_\_\_\_\_

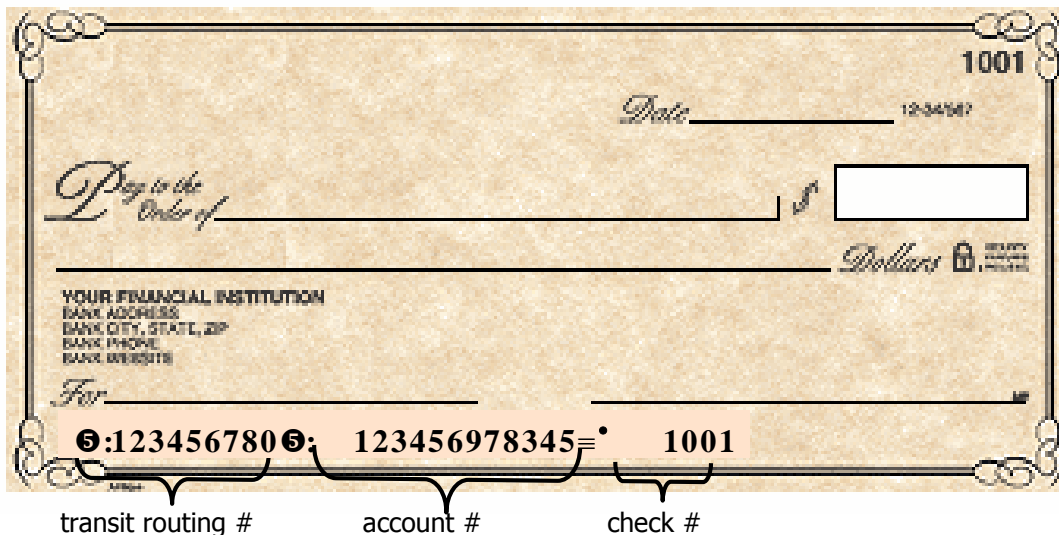
Printed Name of Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please attach a voided check or a photocopy of a cancelled check for deposit into **checking account**. For deposit into a **savings account**, please verify the information with your bank.



<b>Payroll Use Only</b>	Date Received _____	Date Input _____
	Effective Date _____	Entered By _____