

DIRECT DEPOSIT ENROLLMENT FORM

You may choose up to three accounts – your last account **MUST** be for the remaining amount owed to you. Please attach a voided check for each checking account and/or a deposit slip for each savings account designated below and return to payroll manager.

1. Checking Savings

Bank Name City State

_____ Account No. _____ Routing No.

I wish to deposit \$ _____ or Remaining Net Amount

2. Checking Savings

Bank Name City State

_____ Account No. _____ Routing No.

I wish to deposit \$ _____ or Remaining Net Amount

3. Checking Savings

Bank Name City State

_____ Account No. _____ Routing No.

I wish to deposit \$ _____ or Remaining Net Amount

Check below as applicable:

- Begin Deposit Change Information
 Cancel my direct deposit I would like a copy of this form

PLEASE COMPLETE AND RETURN ALONG WITH VOIDED CHECK(S)

DIRECT DEPOSIT ENROLLMENT FORM (CONTINUED)

I hereby authorize Key Environmental, Inc./Field & Technical Services, LLC/FTS Construction, LLC (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereafter "Bank") indicated on page one of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorized Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name (Please print): _____

Signature: _____

Date: _____