

MIDWEST HERITAGE

A Hy-Vee Company

Banking • Investments • Insurance

DIRECT DEPOSIT AUTHORIZATION FORM FOR HY-VEE EMPLOYEES

Employee Name _____ Effective Date _____

Social Security Number _____ Store Location _____

Authorization Action New Change or Cancel

Primary Direct Deposit (Net Pay):

Account Number: _____ Account Type: Checking or Savings

Additional Direct Deposit Account #1 (optional) – Amount per Pay Period: _____ \$0.00

Account Number: _____ Account Type: Checking or Savings

I hereby authorize Hy-Vee to electronically credit my account(s) detailed above, and if necessary, to electronically debit my account(s) to correct erroneous credits. I agree that ACH transactions I authorize comply with all applicable laws. I understand that this authorization will remain in full force and effect until I notify Hy-Vee in writing that I wish to revoke this authorization. I understand that Midwest Heritage requires at least 10 business days prior notice in order to cancel or modify this authorization.

Employee Signature

Date