THE ALASKA CLUB

Authorization Agreement for Automatic Deposits

To be completed by employee and submitted to accounting.

Name of Employee (as stated on payroll) _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

To: The Alaska Club, Inc.

You are authorized and requested to pay the net amount of salaries or wages due me by credit to my account with the financial institution designated below, beginning with pay for the next full pay period and continuing until cancelled by me in writing.

❑ Checking
❑ Savings

Name of Financial Institution _____ Account Number _____

Address _____ Transit/Routing Number _____

City _____ State _____ Zip _____

Signature of Employee _____ Date _____