



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAY

I (We) _____ hereby authorize **Bittersweet Ski Resort, Inc** (TIN# 38-3192406) and the Financial Institution(s) listed below to deposit my pay or make reversals into the account (s) listed below. This authority remains in effect until **Bittersweet Ski Resort Inc.** has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until **Bittersweet Ski Resort Inc.** has sent me written notice of termination of this agreement.

Employee Information:

Name: _____

Daytime Phone Number: (_____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Email Address: _____

Are you a returning employee? _____ YES _____ NO

If yes, has your bank information changed? _____ YES _____ NO

If you do not have a bank account, please check this box and you will receive a Pay Card ☐

- **PLEASE WRITE CLEARLY!**
- **YOUR PAYCHECK DEPENDS ON IT!**

BANK INFORMATION

Name of Institution: _____

Type of Account: Checking: _____ Savings: _____

Transit Routing Number (Bank Number) _____
(See lower left hand corner of check for this 9 digit number or contact your financial institution)

Employee Bank Account Number _____

- **SUBMIT A VOIDED CHECK BANK OR STATEMENT WITH FULL ACCOUNT & ROUTING NUMBERS.**