



## DIRECT DEPOSIT ENROLLMENT

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Financial Institute: \_\_\_\_\_

Account Type:      Checking                      Savings  
                                                                              

Routing #: \_\_\_\_\_

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

I hereby authorize Delaware River Stevedores, Inc. to initiate automatic direct deposit to my account listed above. I also authorize Delaware River Stevedores, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until Delaware River Stevedores, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date