DIRECT DEPOSIT AUTHORIZATION & SIGN-UP FORM

DIRECTIONS

To sign up for Direct Deposit, the payee must complete *SECTION 1* below of this form. All information, A through E, must be provided. Take this form to your financial institution and they must verify the information provided by you in Section 1 and must complete *SECTION 3*. The completed form, with all appropriate signatures, must returned to the Human Resource department for processing.

SECTION 1 (*TO BE COMPLETED BY PAYEE)*

A Name of Payee (*last, first, middle initial)*	**D** Type of Account ☐ Checking ☐ Savings
	Depositor Account Number
B Telephone Number ( )	**E**
C Address (*street, route, P.O. Box)*	City State Zip Code

Payee Certification

I certify that I am entitled to the payment identified above and by signing this form I authorize GMS Mine Repair and Maintenance, Inc., Pioneer Conveyor, LLC, or Garrett Mine Supply, Inc. (companies) to initiate payroll credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries made in error to my financial institution account indicated above. I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I also understand that this direct deposit authorization is to remain in full force and effect until employment is terminated or the companies have received a new signed direct deposit authorization form from me. Changes and/or new authorizations must be received no later than 12:00 noon on the Friday prior to the scheduled payroll to be effective for the next payroll. Failure to provide the requested information may affect the processing of this form and delay or prevent the receipt of payments through the direct deposit/electronic funds transfer program. I understand that I must keep the companies informed of any address change in order to receive my pay and important information regarding benefits and to remain qualified for payments. A separate form must be completed for each type of payment to be sent by direct deposit. I certify and understand all of the above.

G Signature Date	Signature (Optional for Joint Account) Date

SECTION 2 (*TO BE COMPLETED BY COMPANY) (Check Appropriate Boxes)*

Company Name	Company Address
☐ GMS Mine Repair and Maintenance, Inc.	☐ P. O. Box 2446, Mt. Lake Park, Maryland 21550 (301) 334-8186
☐ Pioneer Conveyor, LLC	☐ 104 Commerce Drive, Oakland, Maryland 21550 (301) 334-4136
☐ Garrett Mine Supply, Inc.	Fax (all companies) (301) 334-8698

SECTION 3 (*TO BE COMPLETED BY FINANCIAL INSTITUTION)*

Name and Address of Financial Institution	Routing Number Check Digit
	Depositor Account Number

FINANCIAL INSTITUTION CERTIFICATION

I certify the identity of the above named payee(s), the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with applicable regulations.

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date

The financial institution should return the form to the employee when completed or directly to the company and address noted above.

Company Copy