SCHUSTER CO
2605 LINCOLN AVENUE SW
PO BOX 1110
LE MARS, IA 51031
PH 712.546.5124 FAX 712.546.6259

DIRECT DEPOSIT FORM

EMPLOYEE NAME: _____ **PROCESSING ORDER:**
EMPLOYEE ADDRESS: _____ _____
EMPLOYEE CITY AND STATE: _____
EMPLOYEE PHONE: _____

I authorize Schuster Co. and the finacial institution listed below to initiate electronic entries to the account listed. If errors occur, I authorize correcting entries from or to the account listed below. This authority will remain in effect until I have cancelled in writing. This form overides previous direct deposit entries.

AUTHORIZATION: _____ _____
SIGNATURE *DATE*

_____
PRINTED

FINANCIAL INSTITUTION: _____

_____
CITY *STATE*

ACCOUNT NUMBER: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

TRANSIT ROUTING NUMBER: |__|__|__|__|__|__|__|__|__|

SAVINGS: _____ **CHECKING:** _____

AMOUNT OR PERCENTAGE **$** _____ **OR** **%** _____ **OR** _____
REMAINDER

ATTACH VOIDED CHECK BELOW