



DIRECT DEPOSIT AUTHORIZATION

Email to: gen@lourencobackhoe.com or fax to: (760) 868-9375

Employee

Name: _____ Effective Date: _____

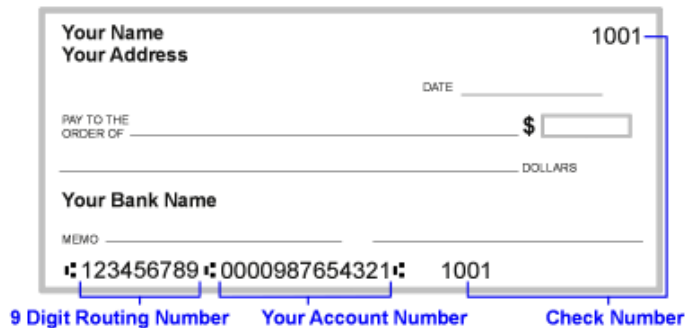
I authorize Lourenco Backhoe, Inc. to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account(s). I also authorize the financial institution(s) indicated below to credit and/or debit the same to such account(s).

I understand that debit entries may be made to my account only to reverse the exact amount of a direct deposit which is in error and only after I have been notified, unless my employment has been terminated and none of the funds deposited were due to me. If the debit entry to reverse an amount deposited is not completed, I agree that Lourenco Backhoe, Inc. following my notification, may adjust the amount of my next regular pay to recover the amount of overpayment.

Further, I agree not to hold Lourenco Backhoe, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Lourenco Backhoe, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department. Notice will be provided in such time and manner as to afford my employer a reasonable opportunity to act on it.

Signed _____ Date _____



REQUESTED ACTION

Add or Change Direct Deposit Checking Savings Other

Name of Financial Institution: _____

Routing #: _____ Acct # _____

Cancel Direct Deposit Checking Savings

Bank: _____ Acct # _____