The Kroger Co. Payroll Direct Deposit Authorization Form

DELTA

Hutchinson, KS 67501

Please complete the following to automatically deposit your pay into your bank account(s):						
Name		Telephone Number/Extens	sion		Division	
Social Security Number		Work Location (City and S	Work Location (City and State)			
Paid:	Salary	Hourly				
When settir	ng up your account(s), specify the	N MUST ADD UP TO YOUR TO ne exact dollar amount to be dep d in this account will be the rema	osited in each acco			
1st BANK A	ACCOUNT:					
	Checking Account	OR	Savings A	Account		
	Start	Stop	Change			
ROUT	NAME: KEMBA TING #: 284 084 554 DUNT #:		<u> </u>			
	Net Pay	OR	Amount:		-	
2nd BANK	ACCOUNT:					
	Checking Account Start	OR Stop	Savings A	Account		
ROUT	NAME:					
ACCO	Net Pay	OR	Amount:		-	
PLEASE A	TTACH A VOIDED CHECK FOI	R THE ACCOUNT(S) ABOVE.	A ⁻	TTACH VOIDED	CHECK HERE —	
I AUTHORI INTO MY A COMPANY THE COMF	IZE MY EMPLOYER IDENTIFIE ACCOUNT(S) IN THE BANK(S) I LIABLE. IF MONIES TO WHIC PANY TO DIRECT THE BANK(S)	ED ABOVE (THE "COMPANY") TO ABOVE (THE "COMPANY") TO DESIGNATED ABOVE. IF ANY CHIAM NOT ENTITLED ARE DO SONO OTHER FINANCIAL INST	ERRORS ARE MA EPOSITED IN MY / ITUTION(S) TO RE MY EMPLOYMEN	DE BY MY BAN ACCOUNT(S) B' TURN THESE F IT IS TERMINAT	K(S), I WILL NOT HOLD THE Y THE COMPANY, I AUTHORIZE FUNDS.	
EMBLOVEERS SIGNATURE						
Return T Interoffice KASH Payroll		Fax:(620)560-687	DATE	US Mail:	Kroger Acctg Svcs Hutchinson Payroll - Delta P.O. Box 1648	