

# Miracle Restaurant Group, LLC

<p style="text-align: center;"><b>DIRECT DEPOSIT AUTHORIZATION FORM</b> For Managers, Multi-Unit Supervisors, Corporate Departments &amp; Executive Staff</p>
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**Please print the following information:**

EMPLOYEE NAME \_\_\_\_\_

S.S.# / EMPLOYEE ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**Please deposit my payroll check automatically into the following account(s):**

**Account # 1**    **Select One Of The Following:**  
Entire Net Pay \_\_\_\_\_ or Balance of Net Pay \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

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

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

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

**Account # 2**    Amount of Net Pay \$ \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

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

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

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Other \_\_\_\_\_

I authorize MRG, Inc. to automatically deposit my payroll check into my account(s) listed above. This includes my authorization to correct deposits made in error. This authorization will remain in effect until I give written notice to cancel it.

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Employee Signature

Date

You must attach a voided check ( or a copy ) to this form. Deposit slips are not acceptable. There will be a one paycheck prenote period. Your check will be direct deposited into your account the second paycheck.

Please notify the Payroll Department fourteen ( 14 ) days in advance of any changes to your account(s).

