

SEVERINO TRUCKING CO., INC.

DIRECT DEPOSIT ACCOUNT INFORMATION

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____ — —

ACCOUNT TYPE (CHECKING OR SAVINGS): _____

You must attach a voided check for checking account deposits or a savings deposit slip for savings account deposits.

To authorize Severino Trucking Co., Inc. to start your participation in direct deposit, sign below.

Employee Signature

Date