

F R E E M A N

Authorization Agreement for Automatic Deposits for Payroll and Expense Reimbursement

Today's Date _____

Contact Phone Number _____

Freeman Employee Number _____

Employee Branch Orlando

Employee Name _____

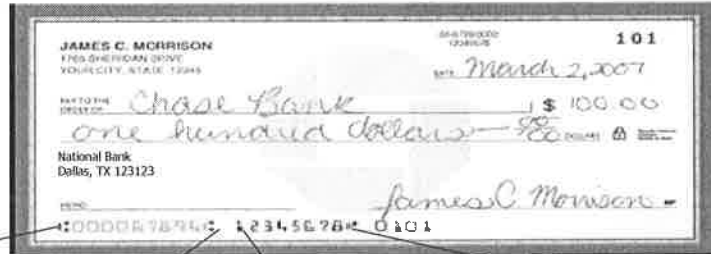
Payroll Distribution

Transit Number:

A nine-digit number located in the lower, left corner of the check (see Diagram).

Account Number:

Your bank account number follows the transit number on the lower, left corner of the check (see Diagram).



0000067894

12345678

Please fill in requested information below to set-up or remove direct deposit for payroll of five accounts for distribution. If removing an account, but continuing to utilize direct deposit, please indicate each account you are removing on a separate line.

below to set-up or remove direct deposit for payroll of five accounts for distribution. If removing an account, but continuing to utilize direct deposit, please indicate each account you are removing on a separate line.

Please note that you may choose a maximum of five accounts for distribution. If removing an account, but continuing to utilize direct deposit, please indicate how the funds are to be redistributed. Please indicate each account you are removing on a separate line.

PAYROLL				
Account Type	Transit Number	Account Number	Options	Amount
Checking Account			Full Net Amount	N/A
Checking Account			Please Select Below	
Please Select Below			Please Select Below	
Please Select Below			Please Select Below	
Please Select Below			Please Select Below	

Please note: The "Remaining Net Amount" option may only be selected once and should only be used if setting up more than one account.

Printing and Distribution of Payment Information

Printing and distribution of Direct Deposit Payroll Receipts at Freeman cost thousands of dollars each year. Help us keep our costs as low as possible. You can view your payment information online on the Source. If needed, you can print the record yourself under the "Pay Checks" link at any time.

Please choose one of the following options:

Distribution of Payment Information Options	Please Select One:
Online Payroll Statement via the Source (Not available for Part-Time employees)	<input type="checkbox"/>
Printed Payroll Statement	<input checked="" type="checkbox"/>

Expense Reimbursements

All Expense Accounts should be set up in Concur.

If receiving Travel Advancements, please contact Accounts Payable, Jan Wallace, 214-445-1000.

By signing here, you agree to the following statement:

I authorize Freeman and the specified financial institution(s) to deposit my net pay or portion thereof, as indicated, into my account(s) each pay date. If funds to which I am not entitled are deposited into my account(s), I authorize Freeman to direct the financial institution(s) to return the funds to Freeman. I understand that my deposit(s) may not be credited to my account until 5:00 PM on the pay date indicated on the payment voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account(s) each pay date. This authorization is to remain in full force and effect until Freeman has received written notification from me of termination in such time and manner as to afford Freeman and the financial institution(s) reasonable opportunity to act upon it. **I understand this will not take affect until the check date that is 5 business days after it is RECEIVED in Corporate Payroll.**

Authorizing Employee Signature _____

(Please print entire form, sign and then submit either to your Branch Manager or directly to Corporate Payroll by scanning and emailing to Payroll.Help@freemanco.com; or fax to 214-445-0185; or mail to Freeman, Attn: Corporate Payroll, 1600 Viceroy Ste 100, Dallas TX 75235)

Questions? Contact the Corporate Payroll Team at 469-484-3000 or at Payroll.Help@freemanco.com

It is important to note that this form must be received by Corporate Payroll FIVE business days PRIOR to the CHECK DATE in which you want the additions/changes to take affect.