

Transamerican Auto Parts Company, Inc.
ProCompetition Tire and Wheel Company, Inc.
4 Wheel Parts Wholesalers, Inc.
United Web Sales, Inc.

AUTHORIZATION FOR DIRECT DEPOSIT

Name _____ Store# _____

Please check one:

- This is my first authorization
- This is a change to my current authorization
- This is to cancel direct deposit to my account(s)
- I do not wish to participate in the Direct Deposit program a this time

I hereby authorize Transamerican Auto Parts to directly deposit my payroll check as follows:

Enter \$ Amt or 'Net'	Routing # (9-digit number)	Account #	Account Type	Bank Name
			<input type="radio"/> Checking <input type="radio"/> Savings	
			<input type="radio"/> Checking <input type="radio"/> Savings	
			<input type="radio"/> Checking <input type="radio"/> Savings	
			<input type="radio"/> Checking <input type="radio"/> Savings	

I understand that the deposit(s) will normally take place on Friday morning of payday. I understand that occasionally, due to official bank holidays, deposits may be unavailable until the next banking day. In the event of any erroneous deposits to any account, Transamerican Auto Parts may recall the funds, as necessary. In the event of insufficient funds, I agree to immediately reimburse the Company the recalled funds.

I acknowledge that management of my bank account is my personal responsibility. Transamerican Auto Parts assumes no responsibility for overdrawn accounts due to delays in processing. It is my responsibility to check my account balance to validate deposit information prior to issuing checks.

Employee Signature _____ Date _____

Note: It will take two full payroll periods before the direct deposit begins due to the pre-note process.

