

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Date: _____ Company Name: Piggly Wiggly Alabama Distributing Co., Inc

Employee Name: _____

To be completed by employee: I hereby authorize Webb Payroll Service to initiate credits to the bank account indicated below and the bank named below to credit the amounts of such entries to said bank account. It is further agreed that Webb Payroll Service is also authorized to initiate debits to the same account for the purpose of processing a stop payment or correction on a previously issued deposit, should such a stop payment or correction become necessary.

Authorization Type: New _____ Change _____ Cancel _____

Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Type of Account: Checking _____ Savings _____ Amount _____ or Percentage _____

Authorizing Individual: _____

Signature: _____

PLEASE ATTACH A VOIDED CHECK

Automatic deposits will begin ten days after receipt of authorization and will continue until Webb Payroll Service has received written notice from the employee of its termination. Written notice of termination should be provided at least thirty (30) day prior to termination.