



Please complete the information below and return to Linear Controls.
I authorize Linear Controls Inc. to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

(Please check **one of the following)**

Checking account (or) Savings account

(Please check **one of the following)**

E-mail Mail Hold for Pickup

New Bank Information

Employee Signature _____

Employee Printed Name _____

Attach Voided Blank Check:
