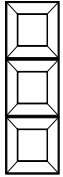


# Cable *ONE* Direct Deposit Enrollment Form

I want the convenience and safety of having my pay deposited directly to my bank account each payday. I understand that I can terminate my direct deposit of payroll arrangement simply by giving written notice to the Payroll Department.



Check here if you wish to start a direct deposit.

Check here if you wish to suspend your direct deposit.

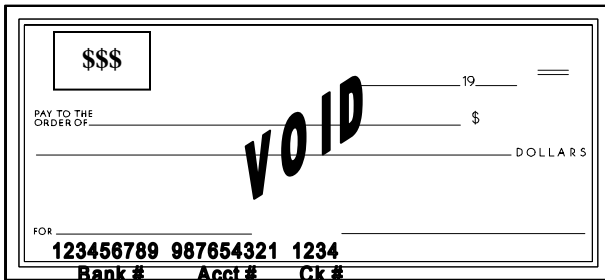
Check here if this is a change to your current/previous direct deposit.

Associate Name (please print)	Social Security No.
Bank Name	System Location (City)
Bank/Routing Number (please confirm with bank)	Account Number (please confirm with bank)

Please check one: (Your ENTIRE pay can only be directed to one account)

Deposit to:      CHECKING \_\_\_\_\_      SAVINGS \_\_\_\_\_

***ATTACH A VOIDED CHECK FOR CHECKING ACCT OR A DEPOSIT SLIP FOR SAVINGS ACCT***



I authorize credit entries and any adjustments to be made to my account.

Associate Signature: \_\_\_\_\_

Date: \_\_\_\_\_