

Lee's Food Mart # _____
AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Lee's Food Marts, LLC/Lee Enterprises INC, hereinafter called COMPANY, to direct deposit funds into my account at the financial institution listed below. If funds to which I am *not* entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account funds payable to you will be returned to you for distribution.

PRIMARY ACCOUNT: (Deposit Net Pay)

(Financial Institution Name)

(Address)

(Branch)

(Routing Number)

(Account Number)

This authority is to remain in full force and effect until COMPANY receives written notification from me of its termination, in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual
Name) _____

(Social Security
Number)

(Signature)

(Date)

(Home Phone
Number)
