

thyssenkrupp Elevator Authorization Agreement for Direct Deposit

*please use one form for each account

I hereby authorize thyssenkrupp Elevator, hereinafter called 'company,' to initiate credit entries and to initiate, if necessary, debit entries and adjustments for my credit entries in error to my account indicated below and the depository named below, hereinafter called 'depository,' to credit and/or debit the same in account.

Employee Name _____

Direct Number _____ Employee/Clock Number _____

Branch Name* _____

*Provide full branch name, not just the number. If the branch is known by more than one name (West Palm Beach also goes by Riviera Beach) please include both.

Depository Name _____ New Account Stop Account
 Add Account Change Amount

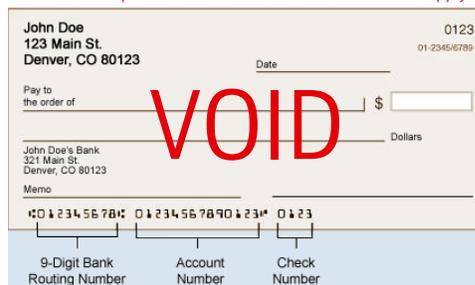
Bank Routing Number _____ Bank Account Number _____

Amount* _____ *Amount field only applicable if there are multiple accounts. If only one account is used, 100% of net pay will be deposited to listed account. Up to 5 accounts allowed but you must submit a separate form for for each account.

thyssenkrupp Paycard (enter 16-digit card number here) _____

Type: Checking Account/Paycard Savings Account

Required: voided check or bank letter with employee's name preprinted on it.
Starter/temporary checks and deposits cannot be used as they do not contain the required information and this also does not apply to thyssenkrupp Paycard accounts.



Electronic Pay Statement Election

I elect to have my pay statement emailed to me at _____ *

*Weekly employees must use a personal email address to participate. Election is voluntary, not required. Statement can be sent to only one email address. Emailed statement will replace paper statement (applies to employees paid weekly).

I would like to cancel my electronic pay statements*

*Pay statements cannot be accessed through company-issued PDAs.

This authority is to remain in full force and effect until company has received written notification from me of its termination in such time and in such manner as to afford company a reasonable opportunity to act on it.

Employee signature _____

Date _____

Please submit to prdept@thyssenkrupp.com by scan/email or fax to +1 866 228 6187.