

**PLEASE GIVE THIS CARD TO YOUR EMPLOYER FOR PROCESSING.  
HORMEL FOODS EMPLOYEES, PLEASE RETURN THIS TO ACCENTRA CREDIT UNION.**

### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL**

I hereby authorize Hormel Foods Corporation and the financial institution listed to electronically deposit my net pay to the account specified each payday. This authority will remain in effect until Hormel Foods has received written notification from me to terminate the deposit. Upon separation from the company, all direct deposits will be changed to payment by check to allow for separation pay-off policies to be effected.

<b>Bank or Financial Institution: ACCENTRA CREDIT UNION 400 FOURTH AVE. N.E. AUSTIN, MN 55912</b>	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
<b>BANK ID NUMBER: 291973292</b>	<b>ACCOUNT NUMBER</b>
<b>YOUR NAME (Please Print)</b>	<b>SOCIAL SECURITY NUMBER</b> _    _
<b>SIGNATURE</b>	<b>DATE</b> 