



A DIVISION OF ULTRA, INC.

SOUTH DAKOTA | NORTH DAKOTA | MINNESOTA | WISCONSIN

Direct Deposit Agreement Form

I hereby authorize Ultra Inc to initiate automatic deposits to my account at the financial institution named below. I also authorize Ultra Inc to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Ultra Inc responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Ultra Inc receives a written notice of cancellation from me or my financial institution, at which time I will submit a new direct deposit form to the Payroll Department.

Name of Financial Institution: _____

Routing Number: _____ (typically this is a 9-digit number)

Account Number: _____
Checking Savings

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

(Please include a copy of a Voided Check or, deposit slip if a savings account)

504 Jenson Ave SE
Watertown, SD 57201
605.882.1555

1680 East Capital Ave, Ste B
Bismarck, ND 58501
701.258.6689

3710 S. Kiwanis Ave
Sioux Falls, SD 57105
605.361.8881

114 Main St N, Ste 202F
Hutchinson, MN 55350
320.582.0234