



**Direct Deposit of Payroll
Authorization Agreement for Automatic Deposits**

I authorize the above Company and the financial institution listed below to electronically deposit my net pay to the specified account each payday.

Checking Account Savings Account

_____	_____
Bank Name	Branch
_____	_____
City, State	Zip Code
_____	_____
Bank Transit / ABA Number	Account Number

If monies to which I am not entitled are deposited to my account, I authorize Magellan Marine International LLC to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until revoked by me in writing.

_____	_____
Name on Account (Please Print)	SSN or Federal ID No.
_____	_____
Signature	Date

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.

**Magellan Marine International LLC
2816 Athania Parkway
Metairie, Louisiana 70002**