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Direct Deposit Policy

I, _____, acknowledge that by signing this letter, I have read and understand the following company policies regarding the Payroll Check Payment.

1. All personal will have direct deposit through their banks or debit cards.
2. Payroll stubs will be mailed out weekly.
3. Payroll week begins on Friday and ends on Thursday.
4. A new employee will receive his/her first check on the second Friday following the first day of employment.

Employee's Signature

Date