



CEDAR FAIR AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Authorization for Cedar Fair to automatically credit the following account(s).

FIRST ACCOUNT:

Bank Name: _____ Type of Account: _____ Checking
Routing#: _____ Savings
Account#: _____

Amount of Deposit: _____ Full Deposit _____ Remaining Balance _____ Amount \$ _____

SECOND ACCOUNT:

Bank Name: _____ Type of Account: _____ Checking
Routing#: _____ Savings
Account#: _____

Amount of Deposit: _____ Full Deposit _____ Remaining Balance _____ Amount \$ _____

THIRD ACCOUNT:

Bank Name: _____ Type of Account: _____ Checking
Routing#: _____ Savings
Account#: _____

Amount of Deposit: _____ Full Deposit _____ Remaining Balance _____ Amount \$ _____

I understand that this authorization will be in effect until I notify the payroll department in writing of any changes 10 days prior to the effective pay date. I also understand that if corrections in the credit amount are necessary, an adjustment (credit or debit) may be made.

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

Print Associate Name

Associate ID Number

Associate Signature

Date