

DIRECT DEPOSIT AUTHORIZATION FORM
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EMPLOYEE INFORMATION AND AGREEMENT

Name of Employee: _____

Social Security Number: _____

Home Address of Employee: _____

Street Address

City, State, Zip

Please Circle Account Type: Checking or Saving

Account Number: _____

Routing or Transit Number (9 digits) _ _ _ _ _

Bank Name:

Bank Address:

Bank Phone:

A duly completed (with week ending date, employee signature, supervisor signature) original or faxed copy of your timecard must be in the accounting department no later than Friday each biweekly.

I certify that I am the owner, or joint owner, of the account(s) designated and am entitled to provide this authorization. I authorize Resource-Trac Inc to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. This authorization will remain in effect until Resource-Trac receives written notice of direct deposit termination from me, in such time and manner as to afford reasonable opportunity for Resource-Trac and the Financial Institution(s) to act on it. Also, if I change or terminate my account(s) without notifying Resource-Trac in writing, I understand that my pay may be delayed. This authorization may be discontinued only by my written request.

Signature: _____ Date: _____