

Phillips Resource Network, Inc.
Authorization for Direct Deposit of Payroll Funds

Participant Name: _____

Employee SSN: _____

Company Name: _____

I hereby authorize Phillips Resource Network, Inc. to initiate credit entries and if necessary debit entries for any credit error to my (our) account indicated below and the depository named below, hereinafter called BANK, to credit and/or debit same to such account.

TAPE VOIDED CHECK HERE

IMPORTANT!

*Please note that an actual voided check must be attached.
Deposit slips will not be accepted in place of a voided check.*

Action: New Change Cancel

Account Number: _____

Type of Account: Checking Savings

BANK Name: _____ Branch: _____

City: _____ State: _____

Routing Transit Number: _____

This authority is to remain in full force and effect until COMPANY and BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Signature: _____ Date: _____