

**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: \_\_\_\_\_