

Direct Deposit Authorization

Direct Deposit Authorization- Employee

I authorize _____ NEW RESOURCES _____ to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ NEW RESOURCES _____ a reasonable opportunity to act on it.

Name on Bank Account: _____

Name of Bank: _____

Bank Account Number: _____ Checking ___ or Savings ___

Bank Routing Number: _____

Please attach a voided check.

Employee Signature: _____

Date: _____