



Resource Management Inc.

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____ PHONE: _____

NAME ON ACCOUNT (IF DIFFERENT): _____

CLIENT COMPANY: _____

_____ % OR \$ _____

CHECKING SAVINGS

ACCOUNT #: _____

BANK NAME: _____

ABA ROUTING: _____

BRANCH CITY: _____

_____ % OR \$ _____

CHECKING SAVINGS

ACCOUNT #: _____

BANK NAME: _____

ABA ROUTING: _____

BRANCH CITY: _____

ENROLL

I AUTHORIZE RESOURCE MANAGEMENT, INC. TO INITIATE CREDITS (AND/OR CORRECTIONS TO PREVIOUS CREDITS MADE BY RESOURCE MANAGEMENT, INC.) TO THE FINANCIAL INSTITUTION(S) LISTED ABOVE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO EITHER CHANGE OR TERMINATE THIS AUTHORIZATION.

DECLINE

RMI IS CHARGED A \$25 STOP PAYMENT FEE FOR EACH LOST CHECK THAT WE REISSUE. IF YOUR CHECK IS LOST IN THE MAIL, THE \$25 STOP PAYMENT FEE WILL BE WITHHELD FROM YOUR REISSUED CHECK.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO EITHER CHANGE OR TERMINATE THIS AUTHORIZATION.

EMPLOYEE SIGNATURE

DATE