



For all your IT needs

3221 W. Big Beaver Rd, Suite 208

Troy, MI 48084

Phone: 248-649-5600 Fax: 248-649-4300

DIRECT DEPOSIT AUTHORIZATION

First Name _____

Last Name _____

Address _____

Home Phone _____

Social Security # _____

Financial Institution
(Bank, Savings & Loan, Credit Union)

Please check on of the following:

- New Authorization
- Changing Bank Info
- Cancel Direct Deposit

Type of Account
Checking Savings Other

Bank Name _____

Bank Routing Number _____

Account Number _____

City, State, Zip Code _____

Phone Number _____

Important! Please read and sign before completing and submitting.

I hereby authorize Resource Point LLC (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Signature

Date

NOTE: Please attach a voided check. Deposit slips are not accepted by the bank.