



102 Pickering Way
 Suite 310
 Exton, PA 19341
 610.423.4600 tel
 610.423.4610 fax

Employee Direct Deposit Authorization

I hereby authorize my employer, Allied Resources Technical Consultants, to deposit any payroll amounts owed to me by initiating credit entries to my account at the financial institution indicated below. Further, I authorize the financial institution to accept and to credit any credit entries indicated by Allied Resources, to my account. In the event that Allied Resources deposits funds erroneously into my account, I authorize Allied Resources to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name

| | | |
|------|-------|--------|
| | | |
| Last | First | Middle |

Employee Social Security Number

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|--|

| Bank or Credit Union Name | Bank Routing # (9 digits) | Bank Account Number | Action Code (Add, Change or Delete) | Amount (Dollar or Net Amount) | Checking or Savings |
|---------------------------|---------------------------|---------------------|-------------------------------------|-------------------------------|---------------------|
| | | | | | |
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This authorization is to remain in full force until Allied Resources has received written notice from me that a change has been made in my financial institution and/or account. Funds can be split between a maximum of 3 accounts. If a specific dollar amount is requested to be deposited into the accounts listed above, and there is not enough payroll to be deposited into all 3 accounts, than funds will be deposited in the order you list them above.

Employee Signature

Date

Please ATTACH a voided check here.