Direct Deposit Authorization Form

Telephone Number

Work-Site Employer:



Work One Employe	· •		
Employee Name			
			ccount(s) listed below. I have attached a bank transit and account numbers can be
Upon notification, I authofunds in the amount of the		rect any erroneous payment or ove	rpayment to my account(s) by withdrawing
This authorization remai change.	ns in effect until Atlas Reso	ources, Inc. has received written a	authorization from me of its termination o
Employee Signature:		Date:	
Note: You can put a se a voided check is a mo		eck to a specific account. For e	every account setup on direct deposit
Financial Institutio	n/Account Number(s)	:	
Account 1 #	[] Checking [] Savings	Amount to be Deposited	Routing #
Account 2 #	[] Checking [] Savings	Amount to be Deposited	Routing #
Account 3 #	[] Checking [] Savings	Amount to be Deposited	Routing #
Account 4 #	[] Checking [] Savings	Amount to be Deposited	Routing #
			hecks or authorize payments, other ployee's direct deposit authorization by
Name of Joint Account H	lolder:		_
Signature of Joint Accou	nt Holder:		<u> </u>
Date:			
ATTACH VOIDED CHEC	K (s) HERE:		

VOIDED CHECK(s)