



Direct Deposit Authorization

Please print clearly

INCLUDE VOIDED CHECK WITH THIS FORM

Name _____ SS# _____

Address _____ Phone # _____

City, State, Zip _____

Circle only one option below

Set Up Direct Deposit

Change Direct Deposit

Cancel Direct Deposit

Bank Name _____ Routing No. _____

(Must be 9 digits)

Checking or Savings _____ Account No. _____

Your entire check will be directly deposited into the above account (or you may deposit a set dollar amount into a second account, below.)

Bank Name _____ Routing No. _____

(Must be 9 digits)

Checking or Savings _____ Account No. _____

Enter a dollar amount to be directly deposited into the above account. _____

\$ Amount (percentage not accepted)

All information must be completed. If information is omitted or is incorrect it will delay processing of your request. The routing number for each account can be obtained by contacting your bank. Funds can only be transmitted into an account belonging to the individual enrolled in the direct deposit program. Greene Resources, Inc. cannot split compensation between a check and direct deposit. A maximum of two accounts can be used when splitting a direct deposit. If the amount requested above exceeds the amount to be paid, the dollar amount requested will be reduced accordingly. Funds are scheduled to be in your account on the Friday following payroll processing. Live transmission of funds will begin after a successful test, usually within three weeks if all information is completed correctly. Your direct deposit option can be cancelled at any time by completing a new "Direct Deposit Authorization" form. Your direct deposit option will terminate if no direct deposit activity exists for a period of 90 days.

I hereby authorize Greene Resources, Inc. to reclaim any funds credited by Greene Resources, Inc. to the account in error. I understand that I must attach a voided check with this form in order to activate my direct deposit. My signature verifies that I have read and understand the direct deposit program policies as described above.

Signature _____

Date _____

Please confirm the above information with your bank. If your bank does not accept the test of your direct deposit, this form will be returned to you for correction.