



4 Corner Resources

Direct Deposit Authorization Form

Employee Name: _____
Department: _____
Social Security #: _____

Name, address, and phone number of bank to which funds will be sent:

Bank name: _____
Bank address: _____
Phone number: _____

Bank ABA or Transit Routing Number: _____

<u>Account number(s)* to which funds will be deposited:</u>	<u>\$ Amount(s) or Full Net</u>
_____	_____
_____	_____
_____	_____

*If depositing to a checking account, please provide a voided blank check below.

Employee authorization:

I authorize 4 Corner Resources, LLC to deposit my paycheck to the institution specified in the manner and amounts stated above. This authorization will remain in effect unless canceled by me in writing.

Employee Signature

Date



4 Corner Resources

ATTACH CHECK HERE IF APPLICABLE