



Contractor Resource Solutions

1 Lawrence St. 2nd Fl
Glens Falls, NY 12801
518-745-4163

Client # _____ Driver# _____

Driver Name _____

Driver SSN _____

Bank Name _____

Account # _____

I hereby authorize Contractor Resource Solutions, Inc to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) or adjustments for any credit entries made in error to my account designated above.

I understand that deposits will be made each Thursday through the facility of the National Automated Clearing House. Funds should be available for use on Friday. **However, CRS cannot make any warranty that such funds will in fact be available.** You should check with your individual bank for any such warranty.

Driver Signature _____

Date _____

* There will be a (2-3) week pre-notification period (testing period) before the direct deposit will take effect.

**PLEASE ATTACH A COPY OF A VOIDED CHECK WITH THIS APPLICATION.
FAILURE TO DO SO WILL DELAY PROCESSING OF THIS APPLICATION.**

Attach Voided Check Here