Physician Resources, Inc.
1818 Memorial Drive, Suite 200 • Houston, TX 77007
713-522-5355 • 1-800-522-7707 • Fax: 713-522-0744

DIRECT DEPOSIT PAYROLL AUTHORIZATION

If you are interested in PRI's optional Direct Deposit Payroll Services, please print, complete and return this form via fax: 713-522-0744; email: prihouston@physicianresources.com, or mail to: PRI Physician Resources, Inc.,1818 Memorial Drive #200, Houston, Texas 77007. Please also include copy of a VOIDED check.

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I hereby authorize the COMPANY listed below to initiate credit entries and, if necessary, debit entries and adjustments made in error, to my checking/savings account as indicated below; and, for the DEPOSITORY (Bank Name) to credit and/or debit the same such account.

COMPANY: ____________ PRI Physician Resources, Inc. ____________

Physician's Name: ______________________________

Physician's Social Security Number: ______ - ______ - ______ Date of Birth: ______________

Physician's Address: ______________________________

Mailing Address

____

City, State and Zip Code

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Please consider DEPOSITORY's authorization to deposit payroll proceeds into my checking/savings account as listed.

DEPOSITORY (Bank Name): ______________________________

Bank Routing/Transit: ______________________________

Account Number: ______________________ Checking or Savings (Please circle one)

DEPOSITORY Address: ______________________________

Mailing Address

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City, State and Zip Code

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***** PLEASE INCLUDE COPY OF A VOIDED CHECK *****

This authority is to remain in full force and in effect until COMPANY has received written notification from me of its termination and in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon the termination. This is to also serve as verification that I am an authorized signatory on the checking /savings account listed above.

______________________________ ______________

Physician's Authorized Signature Date