

Payroll Vault Employee Authorization of Direct Deposit

The undersigned hereby authorizes Payroll Vault to make payroll deposits in the account identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the Automatic Clearing House (ACH) system. This authorization will remain in effect until written notice of termination is given to the above stated company. I further agree that if my employer's ACH collection is dishonored or if any adjustments or corrections need to be made to my payroll, Payroll Vault may reverse any authorized deposit made to any bank account identified below.

Employee will indemnify and hold Payroll Vault harmless from any loss from and against any claim, cause of action, damage, loss, fee, award, costs (including reasonable attorney's fees, court costs, and expert witness fees) penalty, or any other cost, fee, loss, or damage (jointly and severally the "Claims") incurred by Payroll Vault as a result of Employees: (i) supplying false or misleading information on this form; (ii) reversing any deposit made, or permitting such deposit to be attached, garnished, or used in such a manner as to cause a Claim to be filed against Payroll Vault.

Employee Name _____

Email Address (required) _____

Street Address _____

City _____ State _____ Zip Code _____

Amount will be 100% unless information in box below is completed

To distribute net pay to additional bank accounts complete below:

First Bank Name _____
Routing _____ Account # _____ Amount _____

Second Bank Name _____
Routing _____ Account # _____ Amount _____

Attached copy of voided check below: (DEPOSIT SLIPS ARE NOT VALID)

I WOULD LIKE A **VISA DEBIT PAY CARD** ISSUED TO ME: _____ (Initials), Date of Birth: _____

OR

I have a Debit Pay Card: _____ (Initials), Account #: _____

Authorized Signature _____