

Payroll Vault Employee Direct Deposit Authorization

Employee Name (print) _____ Social Security Number _____

Address _____

Email Address (required) _____

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to debit my account for an amount not to exceed the amount of the erroneous credit.

This Authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

I understand that I may request to have my payroll earnings deposited into a maximum of (2) accounts. I request that Company credit the designated amount of my payroll earnings to the following account(s). This authorization is effective beginning with my second paycheck (my first check will not be direct deposited) and shall continue until canceled, by me, in writing. Also, if I change Banks and/or Account numbers my first check after the change will not be direct deposited.

I recognize, acknowledge and accept this service is being provided for my convenience. As such, I agree to hold the Company, Daisy Inc. DBA Payroll Vault 104 and the participating bank harmless from any claim incident to operation of this plan, arising from any act or omission by the Company, and/or Daisy Inc. DBA Payroll Vault 104, and their employees, including without limitation any claim based on alleged loss as a result of Non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee Signature _____ Date _____

Account #1

Account type (check one)

Checking

Savings

Name on the Account _____

Financial Institution Information

Bank _____

Account Number _____

Routing Number _____

Address _____

Phone Number _____

Amount

Net Amount

Partial Amount \$ _____

Account #2

Account type (check one)

Checking

Savings

Name on the Account _____

Financial Institution Information

Bank _____

Account Number _____

Routing Number _____

Address _____

Phone Number _____

Amount

Net Amount

Partial Amount \$ _____

Staple voided check(s) here (required)