# Payroll Vault

# Authorization for "Payee" to Receive Direct Deposit

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The undersigned Payee hereby authorizes Payroll Vault "Company" to make payment deposits "Credits" in the account identified below and authorizes the bank to accept such Credits on behalf of Company and the payment originator "Payor". It is agreed that these Credits will 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 by Payor or Payee. Payee further agrees that if Payor's ACH payment to Company is dishonored Company will not initiate Credit to Payee's account on behalf of Payor.

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This form is also Payee's acceptance to receive all related payment records, reports and tax forms via the Company online secure portal system.

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Payee will indemnify and hold Company 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 Company as a result of Payee: (i) supplying false or misleading information on this form; (ii) Payor dishonored Company Credits, or permitting such Credit to be attached, garnished, or used in such a manner as to cause a Claim to be filed against Company. Payee understands that in the event Payee's financial institution is not able to Credit any electronic payment into Payee's account due to any action that Payee took; that Payee is responsible for any resulting bank fees incurred.

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Employee Name _____

Email Address (required) _____

Street Address _____

City _____ State _____ Zip Code _____

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❑ Deposit into my bank account (Attach copy of voided check – DEPOSIT SLIPS ARE NOT VALID)
*Amount will be 100% unless information below is completed.*

To distribute net pay to additional bank accounts complete below:

First Bank Name _____ ❑ Checking ❑ Savings

Routing _____ Account # _____ Amount _____

Second Bank Name _____ ❑ Checking ❑ Savings

Routing _____ Account # _____ Amount _____

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❑ I would like a **Visa Debit Pay Card** issued to me
  Initials: _____ Date of Birth: _____

❑ I have a Debit Pay Card
  Initials: _____ Routing _____ Account #_____

**Authorized Signature** _____