

Company Name _____

Client/Co # _____ - _____

Federal ID# _____ - _____

2/19/2009

DirectiPay Authorization Form

Employee Information

First Name _____

Last Name _____

Social Security Number _____

<input type="checkbox"/> New or Additional Direct Deposit <input type="checkbox"/> Each payday deposit the entire NET pay into the below existing account. -OR- <input type="checkbox"/> Each payday deposit the following amount _____ [\$] -OR- [%] <input type="checkbox"/> Change the Bank or Account # on an existing Direct Deposit _____ (Old Account Number) <input type="checkbox"/> Change the Amount of an Existing Direct Deposit _____ [\$] -OR- [%] (Current) _____ [\$] -OR- [%] (New) _____ (Bank Name) _____ (Bank Address) _____ (ABA Number) _____ (Account Number) Account Type <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a bank spec sheet) <input type="checkbox"/> Money Market (attach a bank spec sheet)	<input type="checkbox"/> New or Additional Direct Deposit <input type="checkbox"/> Each payday deposit the entire NET pay into the below existing account. -OR- <input type="checkbox"/> Each payday deposit the following amount _____ [\$] -OR- [%] <input type="checkbox"/> Change the Bank or Account # on an existing Direct Deposit _____ (Old Account Number) <input type="checkbox"/> Change the Amount of an Existing Direct Deposit _____ [\$] -OR- [%] (Current) _____ [\$] -OR- [%] (New) _____ (Bank Name) _____ (Bank Address) _____ (ABA Number) _____ (Account Number) Account Type <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a bank spec sheet) <input type="checkbox"/> Money Market (attach a bank spec sheet)	<input type="checkbox"/> New or Additional Direct Deposit <input type="checkbox"/> Each payday deposit the entire NET pay into the below existing account. -OR- <input type="checkbox"/> Each payday deposit the following amount _____ [\$] -OR- [%] <input type="checkbox"/> Change the Bank or Account # on an existing Direct Deposit _____ (Old Account Number) <input type="checkbox"/> Change the Amount of an Existing Direct Deposit _____ [\$] -OR- [%] (Current) _____ [\$] -OR- [%] (New) _____ (Bank Name) _____ (Bank Address) _____ (ABA Number) _____ (Account Number) Account Type <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a bank spec sheet) <input type="checkbox"/> Money Market (attach a bank spec sheet)
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I authorize Payville USA and my employer to make the appropriate deposits directly into the account(s) listed above; and to credit and/or debit same account(s) in order to settle any payroll adjustments or corrections if required. I understand that neither my employer nor Payville USA is responsible for bank errors or bank fees. I realize that activation may take up to two pay-periods until my direct deposit begins. Although deposits are normally available on check date, it is my responsibility to verify that deposits have been made before initiating transactions against these funds. I may cancel these direct deposits at any time. I have attached a copy of a voided check or a bank "Specification Sheet (spec sheet)" for each account listed above. Deposit tickets are not acceptable for setup.

Employee Signature

Date