

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

All wages may be paid via check or direct deposit, with no fees to the employee for choosing either method of payment.

This authorizes (enter your company/employer name) _____
(the "Company" or "Employer") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) accounts(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. ***All information must be legible.***

Account #1

Account #1 Type (circle one) Checking Savings

Employee Bank Name: _____

Bank Routing / ABA#: _____ Account #: _____

Percentage or Dollar Amount to be deposited to this account: _____

Account #2

Account #2 Type (circle one) Checking Savings

Employee Bank Name: _____

Bank Routing / ABA#: _____ Account #: _____

For each account listed above employees MUST attach one of the following:

voided check or
document completed by your bank stating the routing and account number(s)
(deposit slips not accepted)

I attest this Direct Deposit authorization is being made voluntarily and will remain in effect until I have filed a new Direct Deposit Employee Authorization Form, or until this authorization is revoked by me in writing, and my Company/Employer has a reasonable opportunity to act on it. In the event any of my stated Accounts close and/or change, I will inform my Company/Employer immediately and I understand there may be a delay when resolving any direct deposit corrections. If monies to which I am not entitled are deposited to my Account(s), I authorize my Company/Employer to make the appropriate adjusting transactions to return such funds.

Employee Signature: _____ Employee ID#: _____

Employee Printed Name: _____ Date: _____

EMPLOYEE: Please fill out and return to your employer. Also, employees should check with their bank to ensure there are no restrictions for deposits or withdrawals.

EMPLOYER: Please forward a copy of this form to HVRG and save the original for your files.