VEI
Partners in health care ventures

Authorization Agreement for Automatic Deposit (ACH Credits)

Steps for Set-Up:

1. Complete the form below with your account information and your bank's "routing or transit number". **Please contact your bank to verify your bank's routing/transit number and account number for direct deposit.** Many banks will provide a form to you with the required information.
2. You should never use a deposit ticket for the information. The routing number listed on the deposit ticket is often an internal banking number and will not work for direct deposit. Incorrect information delays the implementation of your direct deposit and could even cause a delay in your paycheck.
3. Check with your bank to see if there is anything you need to fill out for their records in addition to step #1 above.

Note:

- **Do not** assume your paycheck has been deposited. Always look at your check stub and save it for future reference.
- Human Resources/Payroll will contact you directly if your bank requires any adjustments to your direct deposit outside of your initial enrollment.

Important Information:

Please print clearly. Make sure you have verified with your bank your bank's routing/transit number and account number. Incorrect information will be returned to you and will not be processed.

☐ **Checking** ☐ **Savings**

Bank Name and location: _____

Bank Routing/Transit Number: ☐☐☐☐☐☐☐☐☐ Account Number: _____

% or $ amount to be deposited (check one): ☐ 100% ☐ Remainder of Balance ☐ Other:_____

☐ **Checking** ☐ **Savings**

Bank Name and location: _____

Bank Routing/Transit Number: ☐☐☐☐☐☐☐☐☐ Account Number: _____

% or $ amount to be deposited (check one): ☐ 100% ☐ Remainder of Balance ☐ Other:_____

☐ **Checking** ☐ **Savings**

Bank Name and location: _____

Bank Routing/Transit Number: ☐☐☐☐☐☐☐☐☐ Account Number: _____

% or $ amount to be deposited (check one): ☐ 100% ☐ Remainder of Balance ☐ Other:_____

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. The authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such time and manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____

Print Name | Employee ID Number (for current employees) /Start date

_____ _____

Employee Signature | Date