

Direct Deposit Authorization Form

This form authorizes Trivox Solutions to send payments directly to your bank account via electronic funds transfer (EFT). Please fill out all sections completely and accurately.

For verification purposes, please attach a voided check or a bank-provided direct deposit form to this document. If you do not have checks, your financial institution can provide a letter with your account details.

Contractor / Payee Information

Full Legal Name:

Mailing Address:

City:

State:

ZIP Code:

Email Address:

Financial Institution Information

Please select one account for your deposits.

Bank Name:

Bank Routing Number (9 digits):

Bank Account Number:

Account Type: Checking Savings

Authorization Agreement

I hereby authorize Trivox Solutions to initiate credit entries (deposits) to my account at the financial institution named above. I also authorize Trivox Solutions to initiate debit entries (withdrawals) from this account in the event that a credit entry is made in error.

I acknowledge that it is my responsibility to verify that payments have been credited to my account. I agree that Trivox Solutions is not liable for any delays in receipt of funds or errors in processing that are not directly caused by its negligence.

This authorization will remain in full force and effect until I have submitted a new authorization form or have provided written notification to Trivox Solutions to terminate this agreement at least 15 days prior to the next scheduled payment date. I understand that I am responsible for notifying Trivox Solutions of any changes to my bank account information in a timely manner.

By signing below, I certify that the information provided on this form is true and correct.

Printed Name:

Date: MM/DD/YYYY

Signature: _____

(Please sign after printing)