Payroll Package Form



Contractor Name:				
I hereby authorize OVA Technologies Inc., to deposit my pay directly into the bank account(s) listed				
below.				
I have attached a voided check for each account so bank transit and account numbers can be verified.				
Please note, a \$25.00 FEE is charged by the payroll company for every direct deposit returned due to incorrect routing or account information supplied during registration if a voided check is not provided.				
I also authorize OVA Technologies Inc., to correct any erroneous payment or overpayment to my account(s) by withdrawing funds in the amount of the excess payment.				
This authorization remains in effect until OVA Technologies Inc., has received written authorization from me of its termination or change.				
Contractor Signature:				
Date:				
NOTE: If your joint account requires both account holders to sign checks or authorize payments,				
the joint account holder must indicate their agreement with the above terms by signing below:				
Account 1: Routing Number Account Number				
Routing Number Account Number				
Account 2:				
Account 2: Routing Number Account Number				
Name of Joint Account Holder:				
Date:				



Account Information - Form for Account 1

Complete only this form for Account 1 if you want all your pay deposited into a single account. If you want you pay per pay period deposited into two accounts, complete both this form for Account 1 and the form for Account 2.

Account Type			
\square Checking \square Savings (Select one	e)		
Name of Financial Institution:			
Address of Financial Institution:			
Street Address:			
		APT/Suite	
City	State:	Zi	p:
Percentage or Amount per Pay Perio (Use when pay is split between two	•	ccount:(Ex	amples: 100%; \$350)
Confirm Account:			
Routing I	Number	Account Number	



Account Information - Form for Account 2

Complete this form in addition to the form for Account 1 if you want your pay per pay period deposited into two accounts. DO NOT complete this form if you want all your pay deposited into a single account.

Account Type		
\square Checking \square Savings (Select one	2)	
Name of Financial Institution:		
Address of Financial Institution:		
Street Address:		
	APT/S	uite
City	State:	Zip:
Percentage or Amount per Pay Perio (Use when pay is split between two		nt:(Examples: 100%; \$350)
Confirm Account 2:		
Routing N	Number A	Account Number



Online Paystubs Access

OVA Technologies Inc. does NOT mail paper wage statement (or pay stubs) to employees. Employees will be able to view and/or print their paystub/W2 from PAYROLL 360's online portal site at

https://login.accountantsoffice.com/login?firmCode=IncTaxAct7036. Before your first paycheck date you will receive your temporary login and password via email from OVA Technologies Inc. Please note, you will be required to change your password after your first login.

You will be able to view and make changes to your profile online and paystubs will be available after first paycheck is processed. Please reach out to redgighr@ovahq.com for any questions or assistance.

Electronic W2 Access Instructions

The option to view/print your W2 electronically method will be available if you chose to opt in paperlessW2 method. Please be notified that the withdrawn consent does not apply to the previously issued Forms W-2. Your W2 will be available to view and/or print if you are an active employee of OVA Technologies Inc. Once your assignment is ended you can still send a request for paystub/W2 copy to OVA Payroll/Timesheet team at redgighr@ovahq.com.

Please keep us informed of any changes in your contact information redgighr@ovahq.com for communication and records purposes.

I acknowledge that:

If I do not consent by checking the box below. I will receive a paper W-2 statement.

My consent will be in effect indefinitely or until I withdraw consent by reaching out to the company's payroll team at redgighr@ovahq.com.

I have the option to request a paper W-2 later by sending an email to the company's payrollteam at redgighr@ovahq.com.; this will not be considered withdrawing my consent receive paperless statements. I will notify company by sending an email to payroll team at redgighr@ovahq.com. ifmy contact information has changed where the company can send the paperless W-2.

	Employee Signature Employee Name	Date _	
	☐ I elect to opt out of electronic W2/paystu	ub and would like to have a paper copy mailed to	the address on file.
\Box I accept the terms of PAYROLL 360 online Paystub/W2 Program and will view/print all futurepaystubs/W2o	☐ I accept the terms of PAYROLL 360 online	Paystub/W2 Program and will view/print all future	epaystubs/W2online