



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name _____

We are pleased to offer direct deposit of employee paychecks to the bank(s) and account(s) of your choice. To arrange for direct deposit. Please complete this form, attach a voided personal check to verify your account and bank routing numbers. This form should be returned to Human Resources.

****NOTIFY HUMAN RESOURCES IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT(S) ****

I (we) authorize and request PAX Technology Inc., (hereinafter referred to as "COMPANY") to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the correcting entry, the COMPANY has sent or delivered to me written notice of the correction and the reason therefore; and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

I (we) recognize, acknowledge and accept this service is being provided for my (our) convenience. As such, I (we) agree to hold the COMPANY, Inova Payroll LLC., Flex HR, Inc., each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the COMPANY and/or Inova Payroll LLC., and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

ATTACH VOIDED CHECK(S) AS PROOF OF ACCOUNT NUMBER AND ROUTING TRANSIT NUMBER

1) **ACCOUNT TYPE:** _____ Checking _____ Savings

BANK NAME: _____ **TELEPHONE** _____

YOUR ACCOUNT #: _____ **BANK ROUTING #:** _____

☐ Amount \$ _____ ☐ Entire Net Check \$ _____ ☐ Percentage _____ % ☐ CANCEL

2) **ACCOUNT TYPE:** _____ Checking _____ Savings

BANK NAME: _____ **TELEPHONE** _____

YOUR ACCOUNT #: _____ **BANK ROUTING #:** _____

☐ Amount \$ _____ ☐ Entire Net Check \$ _____ ☐ Percentage _____ % ☐ CANCEL

3) **ACCOUNT TYPE:** _____ Checking _____ Savings

BANK NAME: _____ **TELEPHONE** _____

YOUR ACCOUNT #: _____ **BANK ROUTING #:** _____

☐ Amount \$ _____ ☐ Entire Net Check \$ _____ ☐ Percentage _____ % ☐ CANCEL

I authorize the Company and the financial institution listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed above each payday. This authority will remain in effect until I cancel it in writing with the Human Resources department.

Signature

Date Signed