



DIRECT DEPOSIT FORM

We are pleased to offer you Direct Deposit. Now you can have your paycheck automatically deposited in your checking or savings account on payday. And you don't have to change your present banking relationship to take advantage of this service.

Here's how Direct Deposit works:

On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been deposited in your account(s). The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your net pay automatically deposited for you. Direct Deposit is safe, convenient and easy.

To take advantage of this service complete the attached authorization form and return it to the Payroll Department, by fax to: 480.993.2653 The authorization form gives Vensure the authority to deposit your net pay to your account. Simply complete the form to take advantage of Direct Deposit.

All you need to do is:

1. Mark the box next to type of account to indicate whether your net pay will be deposited in your checking or savings account.
2. Fill in your name, the name and location of your financial institution, and today's date.
3. Attach a voided check for verification of the financial institution information. If you are unable to attach the voided check, please fill in your account number. *NOTE: Be sure to sign the form!*

Name _____	SSN (last 4 digits) _____
Phone _____	Email _____

Action Requested <i>(Check One)</i>	<input type="checkbox"/> Start Direct Deposit	<input type="checkbox"/> Stop Direct Deposit	<input type="checkbox"/> Change <small>(add/delete a bank, increase/decrease fixed amount or select new bank account)</small>
Effective Date	<input type="checkbox"/> As Soon As Possible	<input type="checkbox"/> Future Pay Date _____	
<small>* A change replaces the direct deposit authorization currently on file. Fill in every row of bank information to show how your check should be deposited</small>			

Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/>	Deposit any balance of net pay to this account <input type="checkbox"/>
				Fixed Amt. or Percent <input type="checkbox"/>	\$ _____ / _____ %

If depositing more than (1) bank, you must choose one balance account.

Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/>	Deposit any balance of net pay to this account <input type="checkbox"/>
				Fixed Amt. or Percent <input type="checkbox"/>	\$ _____ / _____ %
Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/>	Deposit any balance of net pay to this account <input type="checkbox"/>
				Fixed Amt. or Percent <input type="checkbox"/>	\$ _____ / _____ %
Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/>	Deposit any balance of net pay to this account <input type="checkbox"/>
				Fixed Amt. or Percent <input type="checkbox"/>	\$ _____ / _____ %

I authorize Vensure to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Vensure to direct the financial institution(s) to return said funds.

I understand that it is my responsibility to verify that payments have been credited to my account(s) and that Vensure assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, Vensure cannot issue funds to me until the funds are returned to Vensure by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Vensure; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify Vensure **before** I close any/all account(s) listed above while this authorization is in effect.

Employee Signature _____ Today's Date _____