



## Direct Deposit Authorization

Worksite Employer Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

I hereby authorize IVY LANE CORPORATION to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions (hereinafter “Bank”) indicated on this form. Further, I authorize Bank(s) to accept and to credit any credit entries indicated by Ivy Lane Corporation to my accounts.

This authorization is to remain in full force and effect until Ivy Lane Corporation and Bank(s) have received written notice from me of its termination in such time and in such manner as to afford Ivy Lane Corporation and Bank(s) reasonable opportunity to act on it.

I understand to assure proper credit to my account(s); it is recommended that I attach a separate voided or photocopied check to this form for each unique checking account. I understand that if my deposit or a portion of my deposit or a portion of my deposit is to be directed to a savings account, a deposit slip will not provide sufficient information to complete a deposit. I further understand Ivy Lane Corporation is unable to process a direct deposit to any Bank where my account number exceeds sixteen (16) digits. I understand and agree it is my responsibility to verify the accuracy of the ABA/routing number, the account number, and the type of account provided in this form.

I understand IVY LANE CORPORATION will not process this form unless completed in its entirety. I also understand IVY LANE CORPORATION may not process and initiate a direct deposit until IVY LANE CORPORATION has validated my account(s) with the Bank(s) through a successful pre-note transaction, which has no monetary value. I agree and understand this process may delay my first deposit by as much as two pay periods.

\_\_\_\_\_  
Worksite Employee Signature:

\_\_\_\_\_  
Date:

**You may choose up to two (2) accounts.** Please complete additional forms and attach, as necessary.

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