

Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

ACCOUNT ONE	Bank Name
	Bank Address
	Bank City, State, Zip

This is a:

- Savings Account
- Checking Account

Amount for this Account:
REMAINDER

ACCOUNT TWO	Bank Name
	Bank Address
	Bank City, State, Zip

This is a:

- Savings Account
- Checking Account

Amount for this Account:

\$ _____ OR _____%

I authorize my employer, Viva Spanish!, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature

Date

Employee should return this Direct Deposit Plus Authorization to Employer.

Dear Employee:

Please complete the above form and return it to Viva Spanish!

By mail: 38033 Euclid Ave. T13, Willoughby, OH 44094

By email: sdibble@vivaspanish.com

You will receive a pay stub via email. Please provide your email address:

Important: Please include a voided check or deposit slip from the above account(s) with this Authorization Form.

Please Note: There is a \$1.00 fee charged per payroll for this service.