VIVENTIUM™

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize and request **Viventium Software, Inc.** to initiate automatic deposits into my account(s) at the financial institution(s) named below. I also authorize **Viventium Software, Inc.** to make withdrawals from same account(s) in the event that a credit entry is made in error. Further, I agree not to hold my employer or **Viventium Software, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until **Viventium Software, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a replacement direct deposit form.

Company Required Information

Company Code __ __ __   **Company Name _____**

Employee Required Information

Employee Name _____   **Employee ID Number _____**

Last four digits of SSN _____

Account # 1 Information

Account Type: ☐ **Checking**   ☐ **Savings**

Name of Financial Institution _____

ABA/Routing Number _____   Account Number _____

I wish to deposit (check one): ☐ Remainder of Net Pay   ☐ Flat $ Amount:_____

Please attach one of the following for Checking or Savings accounts (check one):
☐ Voided Check with name imprinted   ☐ Bank Letter or Specification Sheet

Account # 2 Information

Account Type: ☐ **Checking**   ☐ **Savings**

Name of Financial Institution _____

ABA/Routing Number _____   Account Number _____

I wish to deposit (check one): ☐ Remainder of Net Pay   ☐ Flat $ Amount:_____

Please attach one of the following for Checking or Savings accounts (check one):
☐ Voided Check with name imprinted   ☐ Bank Letter or Specification Sheet

Signature

Employee Signature: _____

Return this form, along with supporting documentation, to Viventium Software, Inc. Fax - (718) 243-1400