



## Direct Deposit Form

I hereby authorize **Vivid Impact Company, LLC** to directly deposit my pay in the bank account(s) listed below in the percentages specified. I have attached a voided personal check or deposit slip for each account specified below. This authorization is to remain in force until the Company has received written authorization from me of its termination or change. Also, I hereby grant **Vivid Impact Company, LLC** the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

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

Name (PRINT): \_\_\_\_\_

I do not have a bank account and would like to request a Pay card to be issued.  
*Vivid Impact does not pay team members by manual check.*

### Account #1

Check if Health Savings Account:

Financial Institution: \_\_\_\_\_ Checking:    Savings:

Personal Account Number: \_\_\_\_\_

ABA (Routing)Number: \_\_\_\_\_

Amount of pay to be deposited into this account: \$\_\_\_\_\_ or \_\_\_\_\_% or \_\_\_\_\_ Entire

### Account #2

Check if Health Savings Account:

Financial Institution: \_\_\_\_\_ Checking:    Savings:

Personal Account Number: \_\_\_\_\_

ABA (Routing)Number: \_\_\_\_\_

Amount of pay to be deposited into this account: \$\_\_\_\_\_ or \_\_\_\_\_% or \_\_\_\_\_ Remaining

Attach Direct Deposit Documentation:  
(Voided Check or Screenshot of ABA & Acct #)