

Part I Direct Deposit Form			
Employer's Name		Social Security Number	
Employee's Last Name	First Name	(M)	Home Phone ( )
Mailing Address <input type="checkbox"/>	City	State	Zip code

**Please provide a voided check for the account listed above. We will not be able to process this request without a voided check.  
Do not use a deposit slip, the number could be invalid.**

Part III Direct Deposit Authorization	
<p>I authorize my reimbursement to be sent to the financial institution named above to be deposited in the designated account.</p> <p>In the event funds are deposited erroneously into my account, I authorize QVI Risk Solutions, Inc to debit my account not to exceed the original amount of the credit.</p> <p>I understand that all direct deposits are made through the automated clearing house (ACH), and that the funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I also understand that it is my responsibility to check my account for reimbursements.</p>	
Employee Signature:	Date: