

Plexus Optix, Inc. Direct Deposit Authorization Agreement



Direct Deposit Instructions:

1. Complete this agreement form in its entirety.
2. If you have multiple lab locations, complete a separate agreement form for each location. Include the exact name and address that corresponds to the Tax ID number on each agreement form.
 - a) If you have a different bank account number set up for each location, attach a voided check and/or bank verification letter for each account.
 - b) If you deposit all your checks into the same account, only one voided check or verification letter is required.
3. Send your form(s) and attachment(s) to: PlexusOptix@vsp.com

Questions? Call Plexus Optix at (916) 851-4900, option #3.

I hereby authorize Plexus Optix, Inc. to honor the direct funds deposit instructions below.* If at any time the information below changes, I will submit a new Plexus Authorization Agreement.

Print Name of Officer/Owner: _____ Date: _____

Signature of Officer/Owner: _____ Telephone #: () - _____

Email Address of Officer/Owner: _____

Laboratory Name: _____ Lab #: _____

Exact **name** and **address** of the entity/individual that corresponds to the Tax ID #: _____
Tax ID #: _____

(Plexus use only)
Plexus Vendor #: _____

Account Type: Checking, attach voided check
 Other, indicate type: _____ Bank Routing Number: _____
Include letter from bank to verify bank account number and routing number if account does not utilize checks. Bank Account Number: _____
Name of Bank: _____

For accounts that utilize checks, please attach a voided or photocopied check from your designated bank account. All imprinted information, including account and routing numbers at the bottom of the check must be legible.

* Plexus Optix conforms to the current approved National Automatic Clearing House Association (NACHA) operating rules and guidelines.