AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL AND EXPENSE CHECKS

SPECIAL INSTRUCTIONS:

If electing to deposit into multiple accounts, please fill out a separate form for each account and mark primary or secondary. For secondary accounts, include deposit information in field* below. **Please send this form** to the Payroll Dept in Palo Alto, M/S E-156, or by FAX to 650.424.5706. If you have questions, email *payroll@us.varian.com*. Make sure you attach a VOIDED check. **DO NOT** send deposit slips.

Employee No.	Last Name	First Name	MI

Action *(Check only one,* unless electing expense reimbursement)

- ☐ New Account (for new hires or new enrollment)
- ☐ Change to New Account and/or depository for my Direct Deposit.
- ☐ Adding Additional Accounts
- ☐ Check this box if you **do not** want your expense reports direct deposited into your primary account (checking account only). Expense report dollars cannot be direct deposited into more than one account.
- ☐ Cancel Direct Deposit or Expense Reimbursement
- ☐ Other Change (describe): _____

Checking Account information *(Complete only if applicable)*

Please staple a voided check in the area.

* Savings Account Information *(Complete only if applicable. Please DO NOT enter checking information below.)*

Transit Routing No. | : | | | | | | | | | | : |

Accounting No. Information | | | | | | | | | | | | | | | | | | |

☐ Primary Account ☐ Secondary Account

Secondary Account Deposit Information *(Complete only if requesting deposit into multiple accounts)*

If you have more than one direct deposit account, enter a flat dollar amount for deposit into the secondary account. The remainder will go to the primary account.

Dollar Amount

Authorization

I hereby authorize Varian Medical Systems, Inc. and the bank or depository indicated above to deposit my net paycheck to the account indicated above and to initiate debit entries for any credit entries made in error. This authorization will remain in full force and effect until Varian's payroll department has received written notice from me of its termination.

Employee Signature	Date

For Payroll Use Only:

Entered By:	Date