

VOLVO GROUP NORTH AMERICA

EXPENSE REPORT DIRECT DEPOSIT ENROLLMENT FORM

NAME: _____ **USER ID#:** _____

EMAIL: _____ **MAILSTOP:** _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

MANAGER NAME: _____

I am employed by: (*choose one*)

_____ Volvo Group

_____ Mack Trucks

(*All North American Companies*)

_____ Volvo Canada

_____ Volvo Construction

_____ Volvo Penta

Other _____

_____ Volvo Treasury

I authorize Volvo Group North America and the institutions(s) listed below to initiate credit entries or debit corrections to my account(s) as directed below:

Please obtain information from your bank and enter the exact numbers (including all zeros) OR attach a voided check (optional) OR attach a Bank Direct Deposit Form (optional).

This is (*choose one*): _____ the first time I have requested direct deposit.

_____ a change to direct deposit information OR address

Expense Report Automatic Direct Deposit:

This is a _____ Checking/ _____ Savings Account

Bank: _____ ABA/Routing #: _____

Branch: _____ Account#: _____

City/State: _____

_____ **Date:** _____

Employee Signature

Please return this form in PDF format and refer any questions via email to vtnavbspayments@volvo.com **OR**

Interoffice this form to accounts payable @ mailstop UC3-45 Attn: Payment Admin.