

DIRECT DEPOSIT (ACH) AUTHORIZATION FORM

PLEASE COMPLETE THE INFORMATION BELOW:

BANK NAME: [_____]

BANK ADDRESS: [_____]

CITY [_____] STATE: [_____]

ZIP: [_____]

ABA ROUTING NUMBER: [_____]
(9 digits)

ACCOUNT NUMBER: [_____]

NAME ON BANK ACCOUNT : [_____]

I, _____, authorize 8x8, Inc. to electronically deposit my payments and expense reimbursements by ACH credit to the designated financial institution and account identified above and, if necessary, initiate adjustments for any transactions credited/debited in error.

Further, I agree not to hold 8x8, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information.

SIGNATURE

DATE

Please allow up to 7 days for this change to be processed. If you have any questions, please contact Accounts Payable at 408-654-0829 (x2829)