PAYROLL BANKING INSTRUCTIONS - INTERNATIONAL EMPLOYEES

Employee Name:

(last name) (first name) (mi)

National ID Number #:

Telephone #:

I request that earnings due to me from Riverbed Technology be deposited to my bank as indicated below:

Name of Financial Institution:

Financial Institution Address:

Branch Telephone Number:

Bank I.D. (Also Known As: Routing Number, ABA #, Sort Code, BSB#):

Swift Code:

Account Number:

IBAN Number:

If your account is an investment account (or any type other than a true checking or savings account), please contact your financial institution to determine whether it should be transmitted to the bank as a checking or savings account.

Account Currency Type (U.S. Dollars, U.K. Pounds, Euro, etc.):

Name as it appears on Account: **(ACCOUNT MUST BE IN EMPLOYEE'S NAME)**

(last name) (first name) (mi)

Type Account : Check One	Action: Check One	Amount to be Deposited :
☐ Current	☐ Add	☐ Flat Amount _____
☐ Savings	☐ Change	☐ Percentage _____
	☐ Cancel	Effective Date : _____

I hereby authorize my employer to send my payroll earnings/expense reimbursements to the financial institution and designated account named above. I also authorize my employer to correct previous deposits made to my account by recalling funds or making additional payments as necessary in the event my net pay was not accurate at the time of the original deposit. In addition, I authorize the above named financial institution to receive such transactions to the account specified.

I understand that it is my responsibilty to: (1) provide accurate account information and bank ID, (2) confirm that my funds have been posted to my account each pay period, (3) notify Payroll of any changes to my account, and (4) promptly notify Payroll of any descrepancies regarding my deposit.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the employee by notice to the employer or by the termination of employment. The employer reserves the right, at their discretion, to discontinue the direct deposit of my payroll earnings/expense reimbursements at any time.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The employee's payments will continue to be sent to the selected financial institution until employer is notified by the employee that the employee wishes to change the financial institution receiving the deposit. To effect this change, it is recommended that the employee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial instituion receives the employee's first deposit.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM AND AGREE TO ITS CONDITIONS.

Authorizing Signature: **Date:** / /

For assistance, please contact the HR.

FAX FORM AND ALL CHECK COPIES TO FAX: +1415-358-8662