



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize my employer (hereinafter "Company") to initiate automatic deposits to my account at the financial institution (hereinafter "Bank") named below. I also acknowledge that the Company is allowed to reverse any ACH/Direct Deposit credit entry made in error.

Further, I agree not to hold the Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **BenePAY** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Employee – Required Information

Please Print Employee Name: \_\_\_\_\_

Client Number/ Employer: \_\_\_\_\_

### Primary Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Checking	Savings
<input type="checkbox"/>	<input type="checkbox"/>
Percent (%)	Flat Dollar (\$)
<input type="checkbox"/>	<input type="checkbox"/>

### Secondary Deposit Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Checking	Savings
<input type="checkbox"/>	<input type="checkbox"/>
Percent (%)	Flat Dollar (\$)
<input type="checkbox"/>	<input type="checkbox"/>

### BenePAY Pay Card/MasterCard

Yes, I would like to participate in the BenePAY VISA Pay Card

See your employer for more information.

### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Attach a Voided Check for Checking Accounts and a Bank Letter for Savings Accounts.  
Deposit slips are not permitted.