

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employer Information					
Employer Name					
Employee Information					
Employee Name					
Home Address					
Financial Institution Information					
It is important that you contact your financial institution(s) to verify the routing number and account number prior to submitting this form.					
Please attach a VOIDED check for Checking accounts or a bank letter for Savings accounts. Deposit slips are not permitted.					
Primary Account Information					
Financial Institution					
Routing Number		Amount		Percent %	Amount \$
Account Number				Checking	Savings
Secondary Account Information					
Financial Institution					
Routing Number		Amount		Percent %	Amount \$
Account Number				Checking	Savings

Authorization Agreement			
I hereby authorize my employer (hereinafter "Company") to initiate automatic deposits to my account at the financial institution(s) (hereinafter "Bank") named above. I also acknowledge that the Company is allowed to reverse any ACH/Direct Deposit 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 Signature		Date	