



## Employee Direct Deposit Authorization Form

### Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit Section and choose between one and two accounts.
3. Sign the bottom of the form.
4. Retain a copy of this form and return to your employer.

### Employer Instructions:

1. Complete the employer required information section.
2. Return the original form to BENE-Chex (no copies or faxes, please).

<p align="center"><b>EMPLOYEE – Required Information</b> (Please Print)</p> <p>Employee Name _____</p> <p>Last 4 of SSN: _____</p>	<p align="center"><b>EMPLOYER –Required Information</b> (Please Print)</p> <p>Employer Name: _____</p> <p>Federal ID No. _____</p>
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### Complete for DIRECT DEPOSIT

Account One

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing/Transit No. \_\_\_\_\_

Account No. \_\_\_\_\_

- Checking
- Savings
- I wish to deposit (check one):
- Entire Net Pay
- \_\_\_\_\_% of Net
- Specific Dollar Amount \$\_\_\_\_\_.00

*Attach only a void check, bank letter, or specification sheet. Deposit tickets not accepted.*

Account Two

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing/Transit No. \_\_\_\_\_

Account No. \_\_\_\_\_

- Checking
- Savings
- I wish to deposit (check one):
- Entire Net Pay
- \_\_\_\_\_% of Net
- Specific Dollar Amount \$\_\_\_\_\_.00

*Attach only a void check, bank letter, or specification sheet. Deposit tickets not accepted.*

I hereby authorize my employer, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_