

**Direct Deposit of Payroll
Authorization Agreement for Automatic Deposits**

Custom Benefit Services, Inc.
Company/Employer Name

Company ID Number

I authorize the above Company and the financial institution listed below to electronically deposit my net pay to the specified Checking Account Savings Account

Bank Name

Branch

City, State

Zip Code

Bank Transit/ABA Number

Account Number

If monies to which I am not entitled are deposited to my account, I authorize my EMPLOYER to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, until revoked by me in writing, or upon termination of my employment with said COMPANY.

Employee Name (Print)

ID Number

Signature

Date

Please staple to this form a voided check to verify bank account information for deposits into a Checking Account or a deposit slip for deposits into a Savings Account.

Custom Benefit Services, Inc.
P. O. Box 4078
Ocala, Florida 34478

FAX: 352-369-9461