

National Corporate Office 127 Quick Road New Carlisle, OH 45344 (937) 845-1070 Fax (937) 845-1168 www.benchmarkfamilyservices.org

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BI-MONTHLY PAYMENT ELECTION

*Bi-monthly pay	Yes	No	* You must be enrolled in direct deposit to be eligible for bi-monthly payments
necessary, debit entrie	es and adjus	tments for ar	SERVICES, hereinafter called COMPANY, to initiate credit entries and to initiate, if ny credit entries in error to my checking account savings account other o credit and/or debit the same to such account.
Financial Institution			
City			StateZip
termination to such time on it.			fect until COMPANY has received written notification from account holder of it's as to afford COMPANY and the Financial Institution a reasonable opportunity to act
Routing#			Acct#
Account Holder Name	e(s)	Please Print	
Signed			Date
Signed			Date
			nt into which you wish the deposit made must be attached with this form. If it is a fill need a document from the institution that lists your name, the account number, and
I hereby notify Reno	hmark Fam		ecount Status Change of Direct Deposit Inc. of my desire to change my participation in the direct deposit program.
Notices received before	ore the end	of the month	will be effective on the following per diem check. If terminated, a new authorization eted before resuming participation in the direct deposit program.
Termination	New Ac	ecount	
Routing#		Acct#	
Account Holder Nar	me(s)		
Signed			Date
Signed			Date