

DIRECT DEPOSIT AUTHORIZATION

Employee: _____
 (please print)

Company: _____

Direct Deposit is voluntary and free to all Pay Plus Benefits employees. **Once your direct deposit is effective you will no longer receive check stubs in the mail.** Electronic Earnings Statements will be available by logging into your account on the Pay Plus Benefits Service Center, www.payplusbenefits.com/resources.html. **NOTE:** If you do not wish to access your Earnings Statements online, you may request to continue to receive stubs in the mail by notifying your payroll contact.

First Account: If you sign up for Direct Deposit, this first account information must be completed.			
Select one: <input type="checkbox"/> Setup <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Financial Institution: _____	Net Pay (Balance)

Second Account: Optional			
Select one: <input type="checkbox"/> Setup <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Financial Institution: _____	_____ % Or \$ _____

Third Account: Optional			
Select one: <input type="checkbox"/> Setup <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Financial Institution: _____	_____ % Or \$ _____

Fourth Account: Optional			
Select one: <input type="checkbox"/> Setup <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Financial Institution: _____	_____ % Or \$ _____

I hereby authorize Pay Plus Benefits, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above and the Depository named above, to credit and/or debit the entries to such account(s). This authority is to remain in full force until Pay Plus Benefits has received written notice from me of its termination in such time and such manner as to afford Pay Plus Benefits and Depository a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

NOTE: Direct deposit may not be effective until the second pay period following the date the request is received. It is your responsibility to verify deposit on payday. Please be aware that financial institutions may post direct deposit at different times of the day. Please contact your financial institution for their deposit policy.