



# DIRECT DEPOSIT AUTHORIZATION AGREEMENT

- Initial Authorization (1<sup>st</sup> time submission to PBS)  
 Updated Account Information

**NOTE:** The initial direct deposit may take up to 10 days to process. Subsequent direct deposits normally take 2 business days from date of initiation. Bank holidays/weekends may affect when your deposit is credited to your account. Please contact your bank to verify all deposits are received.

## PLAN INFORMATION

EMPLOYER NAME: \_\_\_\_\_

## PARTICIPANT INFORMATION

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

## AUTHORIZATION

I (we) hereby authorize Planned Benefit Systems, Inc., hereinafter called PBS, to initiate credit entries to my (our)  **Checking Account** /  **Savings Account** (check one) at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

## DEPOSITORY INFORMATION

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ROUTING NUMBER – Must be nine digits \_\_\_\_\_

**IMPORTANT!** A VOIDED CHECK MUST ACCOMPANY THIS FORM IN ORDER FOR YOUR REQUEST TO BE PROCESSED.

## EMPLOYEE AUTHORIZATION

This authorization is to remain in full force and effect until PBS has received written notification from me (or either of us) of its termination in such a time and in such a manner as to afford PBS and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN COMPLETED FORMS TO PBS, INC.  
FAX: 303.221.2785 • E-MAIL: [help@cci-pbs.com](mailto:help@cci-pbs.com)