



**BeniComp, Inc. | Attn: FSA Department**  
**8310 Clinton Park Drive**  
**Fort Wayne, IN 46825**  
**800-837-7400**

**BeniComp Electronic Funds Transfer Agreement**

<b>Group Name</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Social Security Number</b>
<b>E-mail Address</b>	<b>Home Phone Number</b> ( )	<b>Daytime Phone Number</b> ( )

Please Select One:  NEW ENROLLMENT       ACCOUNT CHANGE      CHANGE EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CANCEL ELECTRONIC FUNDS TRANSFER      CANCEL EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Bank Name</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Routing/ABA Number</b>	<b>Account Number</b>



**PLEASE ATTACH A VOIDED CHECK (FOR CHECKING ACCOUNT DEPOSITS) OR DEPOSIT SLIP (FOR SAVINGS ACCOUNT DEPOSITS) HERE.**

**THIS MUST BE INCLUDED TO PROCESS – INCOMPLETE FORMS WILL BE RETURNED.**

**Employee Authorization**

I authorize BeniComp and its financial institution to initiate credit, and if necessary, debit entries, electronically or otherwise, to my checking or savings account. Debit entries will only be made to correct credit entries made in error. Further, I may be responsible for any bank fees incurred due to incorrect account information or account changes that have not been appropriately communicated to BeniComp. This authorization will remain in effect until BeniComp has received written notification.

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