



secure benefits systems

Box 469

Okoboji, IA 51355

**Authorization Agreement
For Automatic Deposits (ACH Credits)**

Company Name: Secure Benefits Systems

I (we) hereby authorize secure benefits systems, hereinafter called COMPANY, to initiate entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Savings account (select one) indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Please Print

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip _____

Transit/ABA No.: _____ Account No.: _____

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

Name: _____ SS#: _____

Employer Name: _____

Date: _____ Signed: _____

Required: - Attached Void Check or Savings Deposit Slip