



MONTERRA
ACCOUNTING & CONSULTING
 Exceptional Financial Services
 Exclusively For Domino's Franchisees

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **BenePAY** to initiate automatic deposits to my account at the financial institution named below. I also acknowledge that **BenePAY** is allowed to reverse any ACH/Direct Deposit credit entry made in error.

Further, I agree not to hold **BenePAY** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **BenePAY** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to **Monterra Franchise Services**.

Employee – Required Information

Company Name: _____

Store Number: _____

Employee Name: _____

Net Deposit Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Secondary Deposit Account Information (if applicable)

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Deposit Amount: _____

Checking

Savings

Percent (%)

Flat Dollar (\$)

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check for checking accounts and a bank letter for savings accounts.
 Deposit slips are not permitted.