



Direct Deposit Agreement Change/Cancellation

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 (PLEASE PRINT)

Company Name: _____

Store Number: _____

Employee Name: _____

Cancellation of Direct Deposit

CANCEL ACCOUNT

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Cancellation of Pay Card

CANCEL Pay Card/MasterCard Account

Signature

Authorized Signature: _____ Date: _____