

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC DEPOSITS
(ACH CREDITS)**

Employer Name: Wheaton College **Plan Year:** **07/01/2011 – 6/30/2012**

Participant Name: _____

ID#: **W**_____

I hereby authorize Crosby Benefit Systems, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing/Transit Number: _____ **Account No.:** _____
(Routing/Transit Number must be 9 digits)

Type of Account (Check one): Checking Savings

In order to process this application you will need to provide a copy of a voided check for checking accounts or a blank deposit slip for savings accounts only

This authorization is to remain in full force and effect until COMPANY has received written notification from me of termination of this authorization in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Participant Signature

Date

ATTACH YOUR VOIDED CHECK HERE

Deposit slips can be used for Savings Account deposits ONLY (Please confirm the savings account ABA# with your bank as the number listed on your deposit ticket may not be valid for electronic deposit purposes)

Mail to:
Direct Deposit
Crosby Benefit Systems, Inc.
27 Christina Street, Suite 200
Newton, MA 02461
or fax to:
(617) 928-0001