Direct Deposit Authorization

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Benchmark Community Bank account. Use one form for each direct deposit. You may type directly into this form or make copies and enter your information by hand.

Notification of Direct Deposit Authorization Change	
Company or Employer:	
Address:	
City, State, ZIP:	
Phone Number:	
Employee ID: (ifapplicable)	
Effective immediately, please deposit	the net amount of my check to my Benchmark
Community Bank account. I authoriz	e (name of depositor)
to automatically deposit funds into the account below. This authorization shall remain	
changed or revoked by me in writing	
Account #	0514 0248 2
Net amount to Benchmark Community Bank SAVINGS	
Account #	0514 0248 2
Signature:	Date:
Name:	
Address:	
City, State, ZIP:	
Phone Number:	

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits:

Payroll

Investments

Retirement Plans

Social Security



