

BENCHMARK CONTRACTOR DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Benchmark Research & Safety, Inc. (Benchmark) to initiate a payment order for direct deposit/electronic funds transfer (IC 28-4-6) entries to the organizational account with the financial institution indicated below. This authority is to remain in full force and effect until Benchmark has received written notification of its termination from a representative of the organization authorized to make such action in such time and in such manner as to afford Benchmark and the financial institution a reasonable opportunity to act on the instruction.

The organization is responsible to keep Benchmark informed of any changes to their direct deposit/electronic funds transfer account. I understand this authorization is for the transmittal of data by electronic means from Benchmark's financial institution to the contractor's financial institution.

Payee Identification											
Employer's Identification Number (EIN)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Organization Name	Organization Phone Number	Organization Fax Number									
_____	(____) _____	(____) _____									
Mailing Address	City	State	ZIP Code								

Authorization for Direct Deposit/Electronic Funds Transfer		
Authorized Signature	Printed Name	Date

Financial Institution																				
Financial Institution Name	City	State	ZIP Code																	
_____	_____	_____	_____																	
Routing Transit Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																			
Customer Account Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																			
Depositor Account Type	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account																			

Please attach a voided check to this form.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____ 3680
PAY TO THE ORDER OF _____ \$ 	
_____ DOLLARS	
MEMO _____ X	
⑆ 123456789 ⑆ 11484620040 ⑆ 3680	
Transit/ABA No.	Account No.

Mail completed form & voided check to: Benchmark; PO Box 9088; Moscow, ID 83843