



CBIZ Flex
Agreement for Employee Direct Deposit
Version 08.11.10

Company Name:	
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This authority will remain in full force and effect until CBIZ Payroll has received written notification from me of its termination in such time and in such manner as to afford CBIZ Payroll a reasonable opportunity to act on it. CBIZ Payroll is not responsible for any bank fees related to expenditures made before an actual ACH Deposit is in my account. It will be my responsibility to verify that the funds are in my account before I expend them.

Please note: Before the Direct Deposit option takes effect, a prenotification transaction will be sent to the bank for approval, therefore the next disbursement after this election will still come in the form of a check. Remaining payments will then be made via Direct Deposit. Any Direct Deposit transactions stopped by the bank will cancel your ACH election until corrections can be made.

Employee ID	_____
Institution Name	_____
Routing #	_____ Account # _____
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Employee Name	_____
Employee Signature	_____
Co-Owners Name	_____
Co-Owners Signature (Not Required)	_____

Fax or mail completed form:
CBIZ Payroll, Attn: Flex
2797 Frontage Road, Suite 2000
Roanoke, VA 24017
Fax: **800-584-4185** Phone: 800-815-3023 option 4

CBIZ Flex Use Only	Company ID:
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