Clear Form

BAC
Benefit Administration Company LLC

Authorization Agreement for Direct Deposits

I hereby authorize Benefit Administration Company to initiate deposits to the bank account(s) indicated below. I authorize credit entries and, if necessary, debit entries and adjustment for any credit entries made in error to my account(s).

This account is: (please check one of the following options)

Employer : Seattle Pacific University

☐ New ☐ Change ☐ Cancel

Transit ABA Routing #	Account Number	Account Type (Checking/Savings)

Name of Bank: _____

Bank Address: _____

_____

Bank Phone: _____

_____

Please print your name | Social Security Number

_____ _____

Signature | Date

PLEASE ATTACH A VOIDED CHECK. WE CANNOT CREDIT YOUR ACCOUNT WITHOUT ONE.

RETURN THIS COMPLETED AND SIGNED AGREEMENT, ALONG WITH A VOIDED CHECK OR DEPOSIT SLIP, TO: BENEFIT ADMINISTRATION COMPANY
P.O. BOX 550
SEATTLE, WA 98111-0550

Deposits will begin to be made directly into your account within 3 - 4 weeks.