

AUTHORIZATION FOR AUTOMATIC REIMBURSEMENT DEPOSIT

COMPANY NAME: _____

EMPLOYEE NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

I hereby authorize Human Resource Administrators, Inc. to initiate credit entries to my _____ checking account or _____ savings account indicated below and the Depository named below to credit the same to such account.

ACCOUNT NUMBER: _____

DEPOSITORY (FINANCIAL INSTITUTION): _____

BRANCH: _____ CITY: _____ STATE: _____

BANK ROUTING NUMBER: _____

This authority will remain in full force and effect until Human Resource Administrators, Inc. has received written notification from me of its termination in such time and in such manner as to afford Human Resource Administrators, Inc. a reasonable opportunity to act on it. ***I understand that I will not receive written confirmation of such deposits from Human Resource Administrators, Inc.***

Signature: _____ Date: _____

****An actual voided check must be attached****

Staple Voided Check Here

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct routing number from your financial institution.

Mail to:
Human Resource Administrators, Inc.
PO Box 8
Center Valley, PA 18034

If you have questions, please call: (610) 282-4215