

ACH Authorization Form

CREDIT/DEBIT Authorization Form

Please note that it is not necessary to fill out a form if you have done so in the past, unless you are requesting a change of account information or you are requesting to cancel your direct deposit agreement. You are not required to submit a new form each plan year.

Name of Employer: _____ Last 4 Digits of Social Security # _____

Employee Name: _____

Daytime Phone Number: _____ E-mail Address: _____

Please indicate the type of agreement being authorized by placing an "X" next to the appropriate field

New Authorization Change in Account Information Cancel Authorization

Bank Name: _____

Nine Digit Routing Number: _____ Account Number: _____

Type of Account: Checking Savings

Please provide a voided check OR copy of a check if available for checking accounts

A copy of a deposit slip for savings accounts

Attach Voided Check Here

I hereby authorize Human Resource Administrators, Inc. to initiate credit entries or debit entries to correct errors to my account with the Financial Institution indicated above. 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. Please note that the ACH transactions will be initiated within the reimbursement cycle. It generally takes 2-3 business days for the transaction to be processed.

Signature: _____

Date: _____

MAIL OR FAX TO:
HUMAN RESOURCE ADMINISTRATORS, INC.
1541 ALTA DRIVE, SUITE 306
WHITEHALL PA 18052
610.774.9900 800.460.0738
610.774.9910 PG 1 OF ____ (NO COVER PAGE NEEDED)

