

HR Concepts, LLC

"Your Third Party Administrator of Choice"

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

EMPLOYER NAME: _____

EMPLOYEE NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____

Email Address: _____

I hereby authorize HR Concepts, LLC, hereinafter called HRC, to initiate credit entries to my () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I further authorize HRC, to initiate debits from my () Checking () Savings account (select one) indicated below at the depository, and to debit the same from such account if an error is made in processing, if payment was made via your HRC VISA that was deemed ineligible, or if a forced post puts your flexible benefit account with HRC in the negative.

DEPOSITORY NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ROUTING NUMBER: _____

ACCOUNT #: _____

This authorization is to remain in full force and effect until HR Concepts has received written notification from me of its termination in such time and in such manner as to afford HR Concepts and DEPOSITORY a reasonable opportunity to act on it.

DATE: ____/____/____ SIGNATURE: _____

Please return completed form to HR Concepts along with a voided check or savings deposit slip to address below.

NOTE: ALL WRITTEN CREDIT/DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. HR CONCEPTS WILL NOT BE RESPONSIBLE FOR INCORRECT BANKING INFORMATION IF VOIDED DOCUMENTS ARE NOT INCLUDED WITH THIS FORM.



Flex Plans • HSA's • Commuter Plans • HRA's • Dental Plans • COBRA

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