



# HRC TOTAL SOLUTIONS

## Authorization Agreement For Direct Deposits

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

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 the aforementioned account indicated below, and to debit the same from such account if an error is made in processing. Processing errors can include a payment that was made via my HR Concepts VISA that was deemed ineligible, or if a forced post puts my flexible spending account with HR Concepts in the negative.

Depository Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Confirm Routing #: \_\_\_\_\_ Confirm Account #: \_\_\_\_\_

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE	_____
PAY TO THE ORDER OF	\$ _____
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR	_____
<b>0123456789 012345678901234 0123</b>	
Routing Number	Account Number

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.