

ADMINISTRATIVE SOLUTIONS, INC. – HRA/FSA
Authorization for Electronic Funds Transfer

Company Name: _____

EFT Contact Name: _____

Please debit my account for:

- Contributions
- Fees

I hereby authorize Administrative Solutions, Inc. to initiate variable debit entries to my ___ checking account or ___ savings account indicated below and my financial institution named below to debit the same to such account.

Account Number: _____

Financial Institution _____

Branch: _____ **City:** _____ **State :** _____

Bank Routing Number _____

This authority will remain in full force and effect until Administrative Solutions, Inc. has received written notification from me of its termination in such time and in such manner as to afford Administrative Solutions, Inc. a reasonable opportunity to act on it.

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.

Fax or mail to:
Administrative Solutions, Inc.
PO Box 5809
Fresno, CA 93755
Fax: (559) 256-1321