



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

**Company Name:** \_\_\_\_\_

**EFT Contact Name:** \_\_\_\_\_

Please debit my account for:

- Contributions
- Fees
- Claims

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.*

Administrative Solutions, Inc.  
P. O. Box 5809  
Fresno, CA 93755  
Ph. (559) 256-1320 / Fax (559) 475-5787  
[clientservices@asibenefits.com](mailto:clientservices@asibenefits.com)