



Authorization Agreement for Pre-arranged Payments (ACH Debits / Credits)

Benefit Resource, LLC
BRI COBRA, LLC

Federal ID: 16-1428488
Federal ID: 47-4230131

We hereby authorized Benefit Resource, LLC and its wholly owned subsidiaries, hereinafter called COMPANY, to initiate debit/credit entries to our company bank account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit/credit the same to such account for the purpose of transferring participant payroll deductions, funds necessary to pay reimbursement claims and/or any pre-funding amounts for Beniversal cards, and/or payment for monthly invoices (pre-tax and/or COBRA service), and/or for the purpose of receiving COBRA premium reimbursements. Note: The Benefit Resource, LLC debit identifiers are 161428488 for plan funding, 9161428488 for invoice payments, and 2582500427 for COBRA remittance, and should be provided to your financial institution. If your financial institution requires a ten-digit identifier, please insert a space following the nine-digit identifier listed above.

The completed form should be sent to Accounting@BenefitResource.com or via fax: (585) 424-7273.

Employer	
Federal ID No.	
Address	

	Bank Account #1		Bank Account #1	
Name of Depository (Bank)				
ABA / Routing Number				
Account Number				
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Purpose	<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> New	<input type="checkbox"/> Update
Use for Plan Funding*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use for Invoice Payments*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use for COBRA Remittance*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Please check no more than one "Yes" per line

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from either of us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. We authorize COMPANY to bill us for any fees incurred by COMPANY due to lack of funds in the account when it is charged. Either of us has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, we have the right to have the amount of an erroneous debit immediately credited to the account by DEPOSITORY, provided we send written notice of such debit entry error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first. A 2% late fee will be assessed if invoice payment is not received Net 30 and/or plan funds are credited after the agreed upon funding date.

Signed	_____	Signed**	_____
Printed Name	_____	Printed Name**	_____
Date	_____	Date**	_____

**If your company banking resolutions require two signatures for authorization, please use the second signature line.