

ACH Authorization Agreement

Use this form to authorize the payment of your coverage premiums via automatic recurring ACH transactions (i.e., automatic withdrawals from your account).

Your Information

Employer Name:

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Email Address:

Phone:

Last Four Digits of Your SSN:

Bank Information

Which type of account do you want to use to send your premium payments to us?

Checking Savings

Bank Name:

Account Number (include all zeros):

Routing Number (include all zeros):

Action: Begin ACH Deductions Change Bank Account

Date to Begin Deductions:

Authorization & Acknowledgement

- My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
- I permit Chard Snyder to initiate electronic debit entries based upon the supplied bank information above and allow them to deduct the appropriate amount due each month to keep my account up to date and in good standing.
- I will not hold Chard Snyder responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.
- I am personally responsible for any and all fees that may be incurred and charged to me by my financial institution.
- My direct deposit may be terminated by any of the following: a written or verbal cancellation request submitted by me, more than 2 failed bank transactions due to: incorrect bank information, Non-Sufficient Funds, Stop Payments and Account Closure(s).

I hereby agree to and understand the information on this form and authorize Chard Snyder to complete my request.

Signature

Date

How to return your completed form:

Online	Email	Mail
Log in at app.unifyhr.com and choose Submit Your Documents	benefitsupport@ascensus.com	Benefit Continuation Department P.O. Box 56016 Boston, MA 02205