

Electronic Payment Authorization Form



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We are pleased to offer you the ability to do Electronic Payments. Now you can have your payment deducted automatically from your checking or savings account. Plus, you won't have to change your present banking relationship to take advantage of this service.

Electronic Payments (ACH) will help you in several ways:

- It saves time: Fewer checks to write and mail; helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town your payment will always be on time; helps you maintain good credit.
- It saves postage –many people spend close to \$100 a year on postage.
- It's easy to sign up and easy to cancel.

What is required of the Vendor?

- Valid U.S. bank account.
- Email address to receive remittance communication.

How it works:

- We (Capital Region Benefits) will initiate the ACH transaction with our bank on the due date indicated on your monthly invoice.
- Our bank will electronically pull the funds from your bank account and deposit them into our account. This is called an automated clearing house (ACH) transaction.
- If for any reason the ACH is rejected or returned, any fees that you may incur with your personal bank is your responsibility. This will also result in a handling fee from Capital Region Benefits in the amount of \$20.

Please complete the information below.

ELECTRONIC PAYMENT FOR: MONTHLY HRA ONE-TIME CHANGE

YOUR COMPANY INFORMATION:

VENDOR/GROUP NAME: _____

CLIENT ID: _____ TAX ID NUMBER: _____

ACH CONTACT NAME: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

YOUR COMPANY BANKING INFORMATION:

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: Checking Account Savings Account

FINANCIAL INSTITUTION CITY AND STATE _____

VENDOR/GROUP AUTHORIZATION:

SIGNATURE _____

PRINT NAME _____ TITLE _____

DATE: _____ DIRECT PHONE NUMBER _____