



EMPLOYER USE ONLY

Direct Debit & Credit Authorization Agreement

Navia Benefit Solutions ACH Company IDs –

3911467758, 1911467758, 4911467758, 5911467758, G911467758, E911467758

WealthCare Saver ACH Company IDs (HSA) – I900808825, W383261866

UMB Bank ACH Company IDs (HSA) – 1383261866, W383261866, 1440194180

Please select the purpose(s) of this ACH authorization:

<u>TYPE OF DEBIT AUTHORIZED</u>	<u>EFFECTIVE DATE</u>	<u>TYPICAL TIMELINE FOR DEBITS</u>
FSA Payments & Deposits	_____	1 business day following posted report
SF HCSO HRA Contributions & Admin Fees	_____	3 business days following contribution posting
HRA Payments & Deposits	_____	1 business day following reimbursements
Commuter Payments & Deposits	_____	23 rd day of the month
HSA Contributions*	_____	Within 2 business days after submission
COBRA Remittance/Subsidy**	_____	Within 2 business days from report/invoice
Administrative Fees (monthly invoicing)	_____	5 business days following the invoice date

***Before HSA contribution debits can be initiated, a refundable pre-note in the amount of \$0.01 will be charged to verify your account.**

**** This includes debiting your account for subsidized premiums and administrative fees as applicable.**

Client Name: _____

Federal ID Number: _____

I (we) hereby authorize Navia Benefit Solutions to initiate debit or credit entries at the financial institution indicated below, hereinafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law.

Financial Institution Information

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Specific Account Type: Checking Account Savings Account

Account Number: _____

Routing Number: _____

This authorization is to remain in full force and effect until Navia Benefit Solutions, Inc. has received written notification of its termination in such time and in such manner as to afford Navia and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

NOTE: ALL WRITTEN DEBIT OR CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION AGREEMENT.