

ACH Authorization/Signature Verification Form

If NueSynergy is drafting manual reimbursements and/or initiating direct deposits as part of our FSA administrative services, we need proof of authorization as both a protection for our client and NueSynergy.

Based on the services we perform for your company, the following sections need to be completed:

- Section One:** ACH Authorization (grants NueSynergy permission to process ACH debit/credit entries)
- Section Two:** Signature Verification (authorizes NueSynergy to draft checks with the signature of an approved company representative)

Important: It is important to remember that there is a \$1.00 ACH debit performed at the creation of each bank account loaded within our platform to ensure that it is a valid bank account. Please ensure that the bank account is active and there is at least \$1.00 in the account at the time the employer banking account information is provided. This \$1.00 debit is non-refundable.

Section One: Authorization Agreement for Direct Payments (ACH Debits)

Employer Group				
Financial Institution				
Branch				
City		State		Zip
Bank Routing Number				
Account Number				

I hereby authorize NueSynergy to initiate debit entries from the financial institution and corresponding account listed above and, if necessary, debit or credit entries for adjustments due to error in association with the FSA administration services. This authorization is to remain in full force and effect until NueSynergy receives written notification that such authorization has been revoked and has a reasonable opportunity to act on it. NueSynergy has the right to terminate or suspend the agreement for breach of ACH Rules within 10 days. NueSynergy also has the right to audit the Client's compliance with this Agreement and the ACH Rules. **PLEASE ATTACH A COPY OF A VOIDED CHECK FROM YOUR BANK ACCOUNT.**

PRINT NAME	DATE
SIGN IN SPACE PROVIDED	

Section Two: Signature Verification

The following signature should be printed on all FSA reimbursement checks for the above company. Please submit or attach a copy of a Signature Card from your financial institution that corresponds with the signature below acknowledging that the facsimile signature is authorized with your Financial Institution.

Please use a **black felt tip pen** when signing for best reproduction results.

PRINT NAME	DATE
SIGN IN SPACE PROVIDED	