



Benefit Administration by Design LLC

# ACH Authorization

## Employer Information

\_\_\_\_\_  
*Employer Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State*

\_\_\_\_\_  
*Zip*

## Financial Institution Information

\_\_\_\_\_  
*Name of Financial Institution*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State*

\_\_\_\_\_  
*Zip*

Routing Number:

Account Number:

## Authorization

I/We hereby authorize Benefit Administration by Design LLC (BABD) and Healthcare Bank to initiate entries to the account specified above, and, if necessary, to initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until BABD is notified by an authorized person from the employer specified above in writing to cancel it in such time as to afford BABD and/or Healthcare Bank a reasonable opportunity to make the appropriate changes.

\_\_\_\_\_  
*Name of Employer's Authorized Person (Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*