AUTHORIZATION AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT FOR HRA/MERP REIMBURSEMENTS FOR EMPLOYEES

UNITED CHURCH OF CHRIST HOMES

Employee:_____

Social Security Number:_____

Employee Address:_____

City/State/Zip: _____

Telephone: _____

Employee Email Address: _____

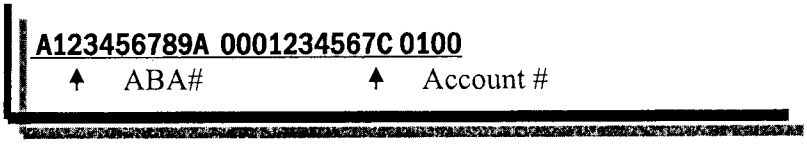
I hereby authorize Alera Group to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and credit any entries initiated by Alera Group to my account. In the event that a credit is received in my account in error, I authorize Alera Group to debit my account for an amount not to exceed the original credit.

BANK INFORMATION

Bank Name _____ Account # _____

ABA # _____ Checking ☑ Savings ☐
(Check One)

Sample Check Bottom:



I authorize Alera Group to send confirmations and details regarding credit entries to my e-mail address listed above. This authorization is to remain in effect until Alera Group and or BANK has received written notice of its termination.

_____ _____
Employee Signature Date

Mail Completed Form to:

Alera Group
4550 Lena Drive
Mechanicsburg, PA 17055
Or Fax 855-289-2602
Or E-Mail claims@aleragroup.com