



Direct Debit & Credit Authorization Agreement

Navia Benefit Solutions ACH Company IDs – 3911467758, 1911467758 Avidia Bank ACH Company IDs (HSA) – 1383261866, 9383261866 UMB Bank ACH Company IDs (HSA) – 1383261866, W383261866, 1440194180

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

TYPE OF DEBIT AUTHORIZED	EFFECTIVE DATE	TYPICAL TIMELINE FOR DEBITS
FSA Payments & Deposit		1 business day following posted report
HRA Payments & Deposit		1 business day following reimbursements
Commuter Payments		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 pre-note in the amount of \$1.00 will be charged to verify your account.

**A voided check or verification of Account and Routing Numbers on bank letterhead is required for COBRA Remittance/Subsidy

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 notification of its termination in such time and opportunity to act on it.			
Name:			

Signature:	Date:

NOTE: ALL WRITTEN CEIBT OR CREDIT AUTHORIZATIONS <u>MUST</u> PROVICE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION AGREEMENT.