



ACH Pull Payment Authorization Form

Schedule your payment to be deducted from your checking account after you authorize each payment through iHR. Just complete and sign this form to get started!

ACH Pull Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Avoid having to login to your bank's portal every month to pay

Here's How ACH Pull Payments Work:

Each month after you receive your invoice, login to iHR's payment module and in just two clicks, you're done. iHR has pre-populated the premium amounts for each line of coverage from your invoice. PIN Sign to authorize iHR to debit the amount due from the account you list below.

Group Number# _____

I _____
(full name) authorize Integrated HR Systems LLC to debit the bank

account indicated below immediately following authorization via iHR's Pay Invoice module for payment of amount due in the amount authorized.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Business Checking

PLEASE ATTACH COPY OF VOIDED CHECK

Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to Integrated HR, at 515 E Mound St, Columbus, OH 43215, at least 21 days prior to the most recent invoice due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that Integrated HR Systems LLC may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, in accordance with the Integrated Online Enrollment Service Agreement, late charges may be assessed if the amount due is not received by Integrated HR Systems LLC by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____