

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM FOR FSA/HRA/TRANSIT/PARKING REIMBURSEMENTS

SIGN-UP TODAY FOR DIRECT DEPOSIT REIMBURSEMENTS - COMPLETE THIS FORM AND RETURN TO ASURE OR SIGN-UP ONLINE.

EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

Employee Name: _____ Company Name: _____

Home Address: _____

SSN: XXX - - Phone: _____ Email: _____

DEPOSITORY (BANK)

Bank Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

Checking Account Savings Account

***** SUBMIT A PRE-PRINTED VOIDED CHECK OR BANK SPEC FORM, CONFIRMING
YOUR BANK INFORMATION, ALONG WITH THIS FORM *****

I (We) certify that I (We) have read and understand the Terms and Conditions on the back of this form. By signing this agreement, I (We) hereby authorize Asure Software to initiate credit entries to our Checking/Savings account indicated above for the purpose of reimbursements from my Reimbursement Account(s) and to initiate if necessary, debit entries and adjustments for any credit entries made in error. **Please attach and submit a voided personal check along with this completed form to setup your account or when making any changes to your account.**

This authority is to remain in full force and effect until Asure Software and DEPOSITORY has received written notification from us of its termination in such time and in such manner as to afford Asure Software and DEPOSITORY a reasonable opportunity to act on it.

Employee Signature (REQUIRED)

Date

If this account is a joint account or in someone else's name, that individual must also sign to indicate agreement with the statement above.

Signature (REQUIRED)

Date

**RETURN THIS COMPLETED FORM TO:
ASURE SOFTWARE
5100 W. Kennedy Blvd. Suite 300, Tampa FL 33609
Email: processingteam@emangrove.com ** Fax: 224-433-5229**

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM FOR FSA/HRA/TRANSIT/PARKING REIMBURSEMENTS TERMS AND CONDITIONS

You have the option of (1) having your authorized reimbursements for your Reimbursement Account(s) deposited directly into your account at your financial institution or (2) receiving a check for authorized reimbursements, if allowed under your plan. If you choose to participate in this Direct Deposit option, you will need to complete the Authorization Form and return it to ASURE SOFTWARE via mail, fax or email. Please read the following terms and conditions for participation carefully before making your decision.

1. Your financial institution must be a member of an Automated Clearing Hours (ACH) before you can participate in any direct deposit program. Call your bank to make sure they will accept direct deposit.
2. This direct deposit authorization form must be signed and dated and returned to ASURE SOFTWARE with a copy of a voided check or bank spec form before you can participate in this option. If you have a joint account, both parties must sign the form.
3. Once ASURE SOFTWARE receives the form, there may be a 2-reimbursement cycle delay before the reimbursements begin being deposited directly into your account. You may receive checks for any reimbursements before that time.
4. You will be notified via email when an electronic transfer is made to your account, if you provide an email address to ASURE SOFTWARE. The standard turnaround time between the time the funds are transferred and they have been deposited in your bank is two banking days. Make sure the deposit has been made to your account before you withdraw the funds.
5. If an electronic transfer is returned to ASURE SOFTWARE or cannot be made to your account, ASURE SOFTWARE will investigate the cause. If the situation cannot be resolved quickly, a reimbursement check may be mailed to you. You will continue to receive your reimbursements by mail, if allowed under your plan, until the situation is resolved. You will be notified of any action taken.
6. It is your responsibility to notify ASURE SOFTWARE of any change to your account immediately. Complete this form indicating that the action is a CHANGE, and return it to the address on the form. Once received, again there may be a delay up to two weeks before the new information will be processed. You may receive checks for any reimbursements before that time.
7. You can cancel participation in this option at any time. To cancel participation, submit your request to ASURE SOFTWARE in writing to the address, email or fax on this form. Your participation will be cancelled as of the effective date indicated in your request or as soon as the request has been received and processed, whichever one is later.
8. Your financial institution or ASURE SOFTWARE may cancel this agreement. Your participation will be cancelled automatically if your employment is terminated or if you terminate participation in the above reimbursement account(s).
9. You may be required to submit a new form for each plan year if you re-enroll in the reimbursement account(s).

For questions and inquiries, you may contact our Participant Support Specialists at 888-862-6272 during our normal business hours.