

ACH Authorization

**Bank Account Information**

Account Holder Name		
Contact Phone		
Email Address		
Street Address		
City	State	Zip Code

ACH Instructions

Bank Name		
Bank Address		
City	State	Zip Code
Routing Number (9 digits)	Account Number	

\*\*VOIDED CHECK REQUIRED, PLEASE ATTACH\*\*

**Authorization & Agreement:**

I authorize Concierge Benefit Services, LLC (CBS) and Concierge Administrative Services, LLC (CAS) to initiate ACH transactions from/to my bank account at the financial institution indicated on this form. This authorization will remain in effect until CBS or CAS receives written notification from an authorized signer. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I agree to pay any additional bank charges accrued because of NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature of Authorized Signer (Required) <span style="color: #e67e22; font-size: 1.2em; font-weight: bold;">X</span>	Date Signed (MM/DD/YYYY)
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