

# ELECTRONIC FUNDS TRANSFER

## ACCOUNTHOLDER INFORMATION

|                                                              |                                                                                                                                                                                     |                                  |  |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| Employer Name:                                               |                                                                                                                                                                                     | Division Name:                   |  |
| Funding by Division*:                                        | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                            | If yes, list Divisions included: |  |
| Which TPA Benefits will this Fund:<br>(check all that apply) | <input type="checkbox"/> Flex Accounts (FSA/LFSA/DCA/TMA/PARK/HRA)<br><input type="checkbox"/> HSA<br><input type="checkbox"/> COBRA ACH Remittance<br><input type="checkbox"/> POP |                                  |  |

**\*Please submit a separate form for each divisional bank account being updated/added. Multiple divisions using the same bank account can be added with a single form. Be sure to list all divisions the banking information should be applied to.**

## BANK ACCOUNT INFORMATION

|                                                                                                                                                                                                                                                                                                                                                |  |                                 |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--------|
| I hereby authorize Paylocity to imitate variable debit entries to my (check one): <input type="checkbox"/> <b>Checking Account</b> <input type="checkbox"/> <b>Savings Account</b> indicated below and my financial institution named below to debit the same to such account.<br>*For COBRA ACH Remittances only a credit entry will be made. |  |                                 |        |
| <u>Account</u> Number:                                                                                                                                                                                                                                                                                                                         |  | Bank ACH <u>Routing</u> Number: |        |
| Bank/Financial Institution:                                                                                                                                                                                                                                                                                                                    |  |                                 |        |
| Branch:                                                                                                                                                                                                                                                                                                                                        |  | City:                           | State: |

### ACH Bank Filters

Paylocity has multiple Company IDs that are required to be given to your bank when signing up ACH transactions. If your bank account is not setup with the appropriate Company IDs, ACH transactions may be rejected. It is important to add the following Company ID's to your bank account(s) prior to Paylocity initiating your first banking transaction. Your first transaction may include your Debit Card pre-fund, if applicable. Additional fees may apply if banking transactions are returned to Paylocity.

## COMPANY IDS

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| 1431696316 | 2431696316 | 3431696316 | 4431696316 | 5431696316 |
|------------|------------|------------|------------|------------|

*The authority will remain in full force and effective until Paylocity has received written notification from me of its termination in such time and in such manner as to afford Paylocity a reasonable opportunity to act on it. I also understand by signing this, I am verifying I understand I am responsible for the accuracy of the initial information and the updating of these subsequent fields (i.e. changing bank accounts, bank name changes, etc.).*

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MUST ATTACH VOIDED CHECK or MICR SHEET!

**\*Electronic Funds Transfer processed only with copy of a voided check or MICR on file!\***

Please submit this form to Paylocity via secure email [batclientsupport@paylocity.com](mailto:batclientsupport@paylocity.com) or fax (314) 909-6983.