

ENROLLMENT/ PAYMENT AUTHORIZATION FORM

Direct Debit Option

To ensure accuracy of banking information, complete this form and return with a voided check or deposit slip to HRxpress at the address below.

Instruction to your Bank to pay by direct debit \$ _____ per month from your account: Please pay HRxpress from the checking account below.

Bank Name _____

Bank Address _____

Bank Account # _____

Bank Transit/ABA # _____

I hereby authorize HRxpress and the financial institution named above to debit this account for monthly HRQuickSource services. This authority will remain in effect until I provide a written request to cancel participation.

PayPal or Credit Card Option

I agree to receive a Request for Funds and to authorize billing to my credit card, \$ _____ monthly for HRQuickSource services. This authorization will remain in effect until I provide a written request to cancel participation.

Organization _____

Your name _____

Title _____

Phone # _____

Email _____

Authorized signature _____

Date _____

Please **PRINT** the name and email address of the person who will be accessing the HRQuickSource site. This person will be emailed login information and an invitation to access the site.

HRQuickSource Contact

| | |
|-------|---------------|
| Name | Email address |
| _____ | _____ |

Telephone Number _____

CONFIDENTIAL