Employee Authorization Agreement for Direct/ACH Credit

Check one: ☐ **New Authorization**   ☐ **Change in Authorization**   ☐ **Cancel Authorization**

With an effective date of: _____

Employer's Name: _____

Employee's Name: _____

Employee's Address: _____

City: _____   **State:** _____   **Zip:** _____

Employee's Email Address: _____

Social Security Number: _____   **Daytime Phone Number:** _____

I hereby authorize PHP Management Systems, Inc. (PHPMSI) to activate, change or cancel credit payments to my account at the designated financial institution named below. If necessary, I authorize my account to be debited for any reimbursements sent in error.

I hereby accept responsibility to notify PHPMSI of any changes in the account information listed below within 30 business days. I also agree to notify PHPMSI in the event of an error in any payment and assist them in resolving it.

Name of Bank or Financial Institution: _____

City, State, and Zip: _____

ABA Number/Routing Number (9 digits): _____

Account Number: _____

This is a: ☐ **Checking Account**   ☐ **Savings Account**

_____   _____
Signature   Date

**Please attach a voided check or deposit slip to this form and submit it to
PHP Management Systems, Inc., PO Box 11924, Fort Wayne, IN 46861.**