

ADMIN AMERICA, INC.

HRA PARTICIPANT DIRECT DEPOSIT AUTHORIZATION

I hereby authorize **Admin America, Inc.** hereinafter called the **Plan Service Provider**, to initiate credit entries (electronic and otherwise) and to initiate, if necessary, debit entries and/or adjustments for any credit entries in error to my Personal Bank Account indicated below and the financial institution named below, hereinafter called **Financial Institution**, to credit and/or debit the same to such respective accounts.

Personal Bank Account

Name of Financial Institution: _____

Address: City, State, Zip: _____

Bank Routing Number: _____ (must be exactly 9 digits)

Bank Account Number _____

Type of Account: Checking** Savings*

****Attach Copy of Voided Check Here****

This authority is to remain in full force and effect until the Plan Service Provider has received written notification from me of its termination in such time and manner as to afford the Plan Service Provider and the Financial Institution a reasonable opportunity to act on it.

I understand that it is my responsibility to notify the Plan Service Provider of any change to my financial institution or account number by submitting a new authorization form.

Print Your Name: _____

Plan Sponsor: The City of Alpharetta, Georgia

Sign Your Name _____ Date: _____

Fax Completed Form To: 678-990-5776 or scan and e-mail to enroll@adminamerica.com