enrichly

RECURRING PAYMENT AUTHORIZATION

I, _____, authorize Enrichly HR, Inc. to charge my bank account or credit card (as selected below) on the 1st day of each Month. This payment is for the following purpose: Monthly ICHRA Administration and Related Benefits Support Fees

A receipt for each payment will be provided to you and available in your Bill.com account, and the charge will appear on your Bank or Credit Card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten (10) days before the payment is collected.

BILLING INFORMATION

Billing Address:

City, State, ZIP:

Phone #:   Email:

SELECT PAYMENT METHOD

BANK ACCOUNT *(No transaction fees)*
Bank Name:

Account Number: Routing Number:

CREDIT CARD *(2.9% transaction fee applies)*

Card Type: ☐ Mastercard | ☐ VISA | ☐ Discover | ☐ AMEX

Cardholder Name:

Card Number (#):

Expiration: CVV: Cardholder ZIP:

ACCOUNT or CARDHOLDER SIGNATURE

I (the Account holder or Credit Card holder) understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Enrichly HR, Inc. in writing of any changes in my account information or termination of this authorization at least fifteen (15) days before the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of ACH, ePay or Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Bank Account or Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in my Agreement and/or this authorization form.

Bank Account or Cardholder Signature: _____ **Date:**
Printed Name: