

# HEALTH SAVINGS ACCOUNT (HSA) - ACH AUTHORIZATION / CHECK PREPARATION FORM

I, the authorized representative of the below referenced account owner, hereinafter referred to as the **Employer**, hereby authorize **Admin America, Inc.** hereinafter called the **Plan Service Provider**, to prepare eligible reimbursements and ACH draft an approved amount for the Employer's HSA plan's Participants from the Employer's bank account named below.

## EMPLOYER'S BANK ACCOUNT

Account Owner's Legal Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Bank Routing/ABA Number: \_\_\_\_\_ (*must be exactly 9 digits*)

Bank Account Number: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Type of Account:  Checking Account  Savings Account

Other: \_\_\_\_\_

This authority is to remain in full force and effect until the Plan Service Provider has received written notification from an authorized representative 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.

The Employer understands that it is the responsibility of the Employer to notify the Plan Service Provider of any change to the Employer's financial institution or account number by submitting a new authorization agreement form.

### By Employer's Authorized Representative:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please update your ACH filter (on the above reference account) to grant access to Admin America. The Admin America identification number is: **1203581707**.