



BANK ACCOUNT FUNDING AGREEMENT

ABG acknowledges that you, the Client, may need to use different bank accounts for the various Lines of Service (LOS) that ABG manages for you. Please provide the bank account information for each account you wish to use and specify the LOS or service for which each account will be used. If you require divisional banking, there will be a \$100 setup/change fee for each account beyond the initial default account. By signing the authorizations on this form, you agree to:

- Compliance with the Rules of the National Automated Clearing House Association (NACHA) and Appendices to the Rules of NACHA as defined in the 2023 NACHA Operating Rules and Guidelines.
- The following terms for each selected service:

Finance/Invoicing:

By selecting "Admin Invoices" for the bank account(s) provided, I agree to allow funds to be drafted from the designated bank account to cover the fees associated with the administration of your benefit account(s) as per your Administrative Service Agreement.

COBRA:

By selecting the COBRA LOS for the bank account(s) provided, I agree to allow ABG to deposit COBRA remittances to the account. Agreement Details:

- Deposit remittances to this account.
- Process refunds to this account.

Reimbursement Accounts (FSA, HRA, LSA, Commuter):

For each of the Reimbursement LOS selected for the bank account(s) provided, and for the applicable options selected for these services, I agree to allow:

Agreement Details:

- Daily drafts for the aggregate of the daily card transactions from the account.
- Weekly drafts for reimbursement of manual claims
- Allow credits for returned POS transactions.
- Monthly deposits of employee paybacks for ineligible card transactions.

HSA (The Processing of Funds to individual HSA Bank Accounts):

By selecting the HSA option, I agree to drafts from Avidia Health or WealthCare Saver:

- If funding is requested of ABG to Closed or dormant HSAs, HSAs that have not yet fully opened or HSAs that exceed the annual IRS maximum, the actual amount drafted from your account will differ according to these events.

Multiple Bank Accounts:

If more than one bank account is needed for Divisional or Multiple Services, please complete and include our Multiple Bank Account Addendum. [Multiple Bank Account Addendum](#)

Authorized Bank Account Information

By signing the authorizations on this form, American Benefits Group is hereby authorized to make withdrawals and/or deposits from /to the specified bank account(s) of the undersigned client at the bank(s) named herein in accordance with all applicable laws. The client further confirms compliance with the Rules of the National Automated Clearing House Association (NACHA) and Appendices to the Rules of NACHA as defined in the 2023 NACHA Operating Rules and Guidelines as they pertain to Third-Party Service Providers and Nested Third-Party Senders (Section VI. Chapter 50).

If there are ACH failures you will be billed \$50 for each failure.

Option One: I am providing ABG approval to use this bank account for all ABG services. ☐

Option Two: I am providing ABG approval to use the below bank account for the following selected services:

- | | | | |
|--|--------------------------------|---|------------------------------|
| <input type="checkbox"/> Admin Invoice | <input type="checkbox"/> COBRA | <input type="checkbox"/> Direct Billing | <input type="checkbox"/> LSA |
| <input type="checkbox"/> HRA | <input type="checkbox"/> HSA | <input type="checkbox"/> Commuter | <input type="checkbox"/> FSA |

I will be using multiple bank accounts and will be submitting the Multiple Bank Account Addendum. ☐

Multiple Bank Account Addendum

Employer Name _____

Bank Account Effective Date: _____ ☐ New ☐ Change Account Type: ☐ Checking ☐ Savings

Bank Name _____ Account Number _____ Routing Number _____

Printed Name _____ Title _____

Signature of Authorized Signer on Bank Account _____ Date _____

Email Contact (for daily debit card settlement notification) _____

Check Reimbursements

- ☐ ABG to issue checks on behalf of the employer,
ABG will be using a starting check number
sequence beginning with 10,000.

Authorized Check Signer - Please Print

**To issue checks on our account I am providing
the authorized check signature WITHIN the above box**

Bank Identifiers

| Department | Service | Account Authorization | Bank Identifier | Description | Frequency |
|-------------------------|------------------------------|-----------------------|-----------------|--|-------------------------------|
| Finance | Invoicing | N/A | 9165530001 | | Monthly |
| | Manual Refunds | N/A | 9165530001 | | As they occur |
| COBRA | COBRA Remittances | N/A | 9165530001 | | 10 th of the month |
| Health Savings Accounts | Avidia Bank HSA Funding | .01 penny test | 1328261866 | Avidia Health | As submitted by employer |
| | WealthCare Saver HSA Funding | .01 penny test | 1900808825 | WealthCare Saver | Upon new account processing |
| Reimbursement Accounts | FLEX Debit Card Transactions | \$1.00 credit/debit | 1383261866 | M&I Bank, Med-I-Bank or MBI Benefits Inc | Daily Business Days |
| | FLEX Manual Claim Payments | N/A | 9165530001 | American Benefits Claim Pmt. | Weekly Wednesdays |

Either the Company or the Client may terminate this agreement at any time by a notice in writing, mailed to or delivered at the last known address of the other party. Any payments dues at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance with its obligations as Administrator.

Frequently Asked Questions

How Does ABG Reimbursement Accounts Funding Work?

American Benefits Group does not hold funds for our clients, and no payroll deductions should be sent to American Benefits Group. Our funding mechanism for the reimbursement of your plan participants' claims requires that you, the client, provide American Benefits Group and the debit card company MBI (M&I) Bank, with authorization to draft funds from your designated bank account. It is your responsibility to ensure that said account is funded adequately.

How do ABG Benefits Card Replenishments Work?

Debit card transactions make funds available to your plan participants with the swipe of a card. The funds for these card swipes will be drafted from your designated employer bank account on a daily basis, a daily email will be sent to you advising you of this transaction. **If there are ACH failure you will be billed \$50 for each failure.**

Card will be available for the following plans automatically (if applicable):

Health FSA, Limited Purpose FSA, Dependent Care FSA, Commuter Transit, Commuter Parking, HRAs with a first dollar plan design, Individual Coverage Health Reimbursement Arrangement, and Employee Care Card Accounts.

Please note, other plan designs require pre-approval from ABG operations to offer a card. Non-first dollar HRA plan designs are not able to have a card. There are other plan type offerings subject to this agreement that typically do not offer cards. If a pre-approval process was completed for a plan type not included above, please check the following box and indicate the plan type on the line provided:

Bank Draft Paired with Direct Deposit to Participant:

Manual claims will be reimbursed once a week, the funds will be drafted from the account information provided and will be deposited directly to the participant's individual bank account. These drafts will display on the employer's bank statement labeled as American Benefits Group Claim Pmt with a company ID of **9165530001**.

How do Check Reimbursements Work?

In the event that reimbursement account participants will not be able to provide Direct Deposit Authorization for manual claim reimbursements, you can authorize American Benefits Group to issue these reimbursements as checks. Checks will be issued from the bank account provided using the signature entered in the box below. A starting check number *must* be provided in order to use this reimbursement method. This is the check number at which American Benefits Group will start when issuing checks on your account. Please be sure to not use this series of check numbers for any other purpose.

American Benefits Group provides the check stock needed for writing these checks. If an employee loses or destroys a check issued on your account, American Benefits Group will contact you to stop payment on lost or damaged checks. Once the check payment has been stopped, ABG will re-initiate payment to the original payee. All accounting, reconciliation, and associated bank fees of stop payments on issued checks are the Employer's responsibility. *Please note, if a starting check number or authorized signature is not provided in the box below, the account will be setup with a reimbursement method of direct deposit only.*

How Does HSA Funding Work?

HSA contributions will be processed in accordance with the HSA Payroll Funding Data File provided by the Client. Payroll funds submitted on the HSA Payroll Funding Data File will be transferred to individual participant HSA accounts. Employees bank accounts must be opened in order to be funded. It is important to make sure that all data submitted on the HSA Payroll Funding Data File is complete and accurate, if funds are processed to employee's accounts in error, you run the risk of employees spending those funds prior to reversing them.