



AMERICAN BENEFITS GROUP

HSA Payroll Funding Agreement

PRE-AUTHORIZED ELECTRONIC BANK DRAFT AUTHORIZATION

HSA Funding:

American Benefits Group is hereby authorized to make withdrawals from the specified checking account of the undersigned Client at the bank named herein for the sole purpose of funding participants' HSA Accounts. These drafts will display on the employer's bank statement on as **Avidia Health**.

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.

PLEASE NOTE THESE TRANSFERS CANNOT BE REVERSED. It is important to make sure that all data submitted on the HSA Payroll Funding Data File is complete and accurate.

Authorized Bank Account Information

We _____ authorize American Benefits Group to debit the following account to fund HSA accounts provided on the periodic HSA Payroll Funding Data Files:

Bank Name _____

Routing #: Account #:

Please attach a VOIDED copy of the account holder's check.

Printed Name of Authorized Signer

Signature of Authorized Signer on Bank Account

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, and that any payments due at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance with its obligations as Administrator under its Health Savings Account.