



Funding / Direct Deposit / Auto-Draft Agreement

By completing the form below, you are authorizing American Benefits Group to draft funds from your designated bank account(s) for the purposes of reimbursing your participants' claims; and/or daily point of sale transactions via debit card usage; and/or send credit entries (and appropriate debit and adjustment entries) for COBRA remittance processing; and/or to auto-draft for the administrative service fees associated with the administration of your benefits account(s) and/or COBRA administration.

Finance/Invoicing: This authorizes American Benefits Group to draft funds from your designated bank account to cover the fees associated with administration of your benefit account(s) as per your Administrative Service Agreement. Funds will be drafted the last week of every month.

COBRA: This authorizes American Benefits Group to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account indicated below. This authorizes the financial institution holding the account to post all such entries. We agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. The company agrees to monthly verify the funds deposited agree to the monthly COBRA Remittance report minus the monthly Refund report that is posted to the COBRA system and to notify American Benefits Groups of any discrepancies. This authorization is to remain in effect until American Benefits Group has received written notification from an authorized representative of the company.

Flex: 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. By completing the form below, you, as an authorized bank account signer, are authorizing American Benefits Group to draft funds from a designated bank account to reimburse your participants' claims.

**Please check each reimbursement method for which authorization is approved: Debit Cards; Direct Deposit; Check (if applicable) and be sure to sign and date at the bottom of the second page. If no signature is provided, or reimbursement method(s) selected, ABG will not be able to complete the account implementation process or change the bank account (if changing bank accounts).*

***Reimbursement Methods:** As an employer sponsoring Reimbursement Accounts, the following Reimbursement Methods are available to you:

ABG Benefits Card Replenishments:

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.

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:

Card pre-approval process completed for the following plan type: _____

\$50 fee for each failed ACH transaction.

Either the Company of 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 due at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance with its obligations as Administrator.



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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**.

Check Reimbursements:

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.*

An image of the signature entered in the box to the right will be printed on all checks issued pursuant to this agreement. Checks will be issued using the following starting check number . . .

Signature of Authorized Signer on Account

PRINTED NAME	TITLE	DATE
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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 as **Avidia Health** or **WealthCare Saver**. 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.

Please note that when the bank account is initially set up there will be a non-refundable preauthorization transaction of \$.01; this pre-authorization is a requirement to verify the account information. This debit will show as:

Avidia Bank: : **1383261866** or WealthCare Saver: **1900808825**

My Commuter Connect: 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' Commuter Accounts. These drafts will display on the employer's bank statement as **Commuter Funding**.

\$50 fee for each failed ACH transaction.

Either the Company of 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.



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BANK ACCOUNT #1

<input type="checkbox"/> Add Authorization		<input type="checkbox"/> Cancel Authorization		<input type="checkbox"/> Change Authorization	
Funding/Deposits/ Auto-draft	<input type="checkbox"/> Flex	<input type="checkbox"/> HSA	<input type="checkbox"/> My Commuter Connect	<input type="checkbox"/> COBRA	<input type="checkbox"/> Fee Invoices
Bank Name: (Max 25 characters)					
Account Name: (max. 25 characters)					
Account Type:	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings		
Routing Number: (Must be 9 digits)					
Account Number: (Include leading zeros)					

BANK ACCOUNT #2

<input type="checkbox"/> Add Authorization		<input type="checkbox"/> Cancel Authorization		<input type="checkbox"/> Change Authorization	
Funding/Deposits/ Auto-draft	<input type="checkbox"/> Flex	<input type="checkbox"/> HSA	<input type="checkbox"/> My Commuter Connect	<input type="checkbox"/> COBRA	<input type="checkbox"/> Fee Invoices
Bank Name: (Max 25 characters)					
Account Name: (max. 25 characters)					
Account Type:	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings		
Routing Number: (Must be 9 digits)					
Account Number: (Include leading zeros)					

BANK ACCOUNT #3

<input type="checkbox"/> Add Authorization		<input type="checkbox"/> Cancel Authorization		<input type="checkbox"/> Change Authorization	
Funding/Deposits/ Auto-draft	<input type="checkbox"/> Flex	<input type="checkbox"/> HSA	<input type="checkbox"/> My Commuter Connect	<input type="checkbox"/> COBRA	<input type="checkbox"/> Fee Invoices
Bank Name: (Max 25 characters)					
Account Name: (max. 25 characters)					
Account Type:	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings		
Routing Number: (Must be 9 digits)					
Account Number: (Include leading zeros)					

\$50 fee for each failed ACH transaction.

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IMPORTANT: By signing below, you are confirming that your bank will allow transactions made by American Benefits Group with the following Bank Company ID codes:

Manual Claim Direct Deposit/COBRA Remittances/Monthly Administrative Service Fee Invoices: 9165530001

Reimbursement Account Debit Card Transactions: 1383261866 (M&I Bank or Med-I Bank)

Avidia Bank: 1383261866

WealthCare Saver: 1900808825

Please note that when the bank account is initially set up there will be a pre-authorization transaction of \$1.00 (non-refundable) for reimbursement account debit card transaction; this pre-authorization is a requirement to verify the account information for debit card replenishments. *Additionally, it will ensure fraud filters will not disrupt debits to your account.*

Failure to enter the proper Bank Company ID codes into your bank's fraud filter will result in failed ACH transactions. Each failed ACH transaction will result in a \$50 fee per transaction.

If Additional Bank Accounts for Divisions or Plan Types are required, please complete and include our Multiple Bank Account Addendum linked here [Multiple Bank Account Addendum](#).

By signing below, 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.

AUTHORIZATION	
Client Legal Entity Name:	
Client DBA: (If applicable)	
Authorized Signature:	
Print Name:	
Title:	
Email:	
Date:	

\$50 fee for each failed ACH transaction.

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