



HSA Payroll Funding Agreement

PRE-AUTHORIZED ELECTRONIC BANK DRAFT AUTHORIZATION

WealthCare Saver Prime (WCSP): Company IDs and Routing Numbers

ACH Filters using the Company IDs can and should be added in advance. The IDs and numbers have been provided below; we encourage adding these accounts as soon as possible to avoid any delays in funding. Employers should provide Company ID's and Routing numbers to their bank.

Purpose	ACH Origination Institution	Company ID	Routing Number*
Payroll Funding	BMO Harris	I900808825	071000288

*These routing numbers should not be used for unsolicited ACH debits or credits. Please refer to the section below for unsolicited ACH details.

WealthCare Saver Prime: Unsolicited ACH Routing Numbers

The following routing number should be used to initiate an ACH debit or credit to a WCSP HSA through a third party, outside of the WealthCare system (for example: a payroll company or a personal bank account).

Purpose	ACH Origination Institution	Routing Number
Unsolicited ACH Transactions	BMO Harris	075072157

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. It is important to make sure that all data submitted on the HSA Payroll Funding Data File is complete and accurate.

IMPORTANT: When the bank account is initially set up there will be a non-refundable, pre-authorization transaction (penny test); this pre-authorization is a requirement to verify the account information. Payroll Debits will show with Company ID **I900808825**. **If there are ACH failures you will be billed \$50 for each failure.**

American Benefits Group is hereby authorized to make withdrawals from the specified checking account of the undersigned Client at the bank(s) named herein for the sole purpose of funding participants' HSA Accounts.

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 #:

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.