



BANK ACCOUNT FUNDING AGREEMENT

Instructions:

American Benefits Group (ABG) uses this form to collect **bank account information** and authorizations when you, the client, intend that ABG use a single bank account of your designation, for processing of all the services ABG is administering for you. For situations where you have separate divisions for which a separate bank account will need to be designated by you for the processing of all that divisions services with ABG, you must attach the separate **Multiple Bank Account Addendum** for each additional account to be used (please note: a one-time \$100 setup fee applies for each extra account after the initial "default" account).

By signing this form:

- a) You agree that the bank account on this form will be used to process all service offerings being administered for you by ABG, to include payment of your monthly invoices.
- b) You authorize ABG to initiate electronic debits/credits as described and you agree to:
 - **NACHA Compliance:** Adhere to the National Automated Clearing House Association (NACHA) 2023 Operating Rules & Guidelines for all ACH transactions. Any ACH transaction that fails due to insufficient funds or other errors may incur a \$50 fee per occurrence.
 - **Service Authorizations (per selected service below):** You agree to the terms listed under each service that you enroll with ABG, as detailed in this form

Selected Services & Terms:

- **Admin Invoices (Monthly Fees):** *ABG is authorized to **debit** this account for monthly administration fees*
- **COBRA/Direct Billing:** ABG is authorized to **deposit** COBRA participant premium payments into this account and to process premium refunds when applicable.
- **Reimbursement Accounts (FSA, HRA, Commuter, LSA):** *ABG is authorized to **debit** this account for benefit claim reimbursements and card transactions replenishments:*
 - **Benefits Card Adoption:** If you offer the ABG Benefits Card for any plan, you agree to daily **ACH debits** from this account to fund the total of the prior day's **card swipes** for all applicable plans (FSA, HRA, commuter, etc.). Failure to fund this account sufficiently to allow for these card replenishments could result in temporary suspension of your participants' cards and will incur a \$50 fee for each failed transaction.
 - **Manual Claim Reimbursements:** You authorize weekly **ACH debits** from this account to fund the reimbursement by direct deposit of all your participants' manual claims submitted to ABG.
 - **Participant Check Reimbursement (Optional):** If you want ABG to issue reimbursements by paper **check** from your account (to Participants who do not wish to provide their direct deposit information) please provide an authorized check signer in the box provided below. A fee of \$2.00 per check will apply. ABG will use check numbers starting at **10000** for any check reimbursements

Health Savings Account (HSA) Administration: *ABG is authorized to **debit** this account for funding contributions to your participants' HSAs.* Upon receipt and processing of your HSA funding requests, your account will be drafted for the total of contributions that were processed successfully

Multiple Bank Accounts:

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

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.

Authorized Bank Account Information

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 more than one bank account and will be submitting the Bank Account Addendum. ☐

[Bank Account Addendum](#)

☐ Check Reimbursements

ABG to issue checks on behalf of the employer,
ABG will be using a starting check number
sequence beginning with 10000.

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

Authorized Check Signer Print Name

Employer Name _____

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

Bank Name

Account Number

Routing Number

Email Contact

for daily debit card settlement notification

Printed Name – Authorized Bank Account Signer

Title

Signature - Authorized Bank Account Signer

Date

By signing above, you certify that you are authorized to allow debits and credits on the account listed for the selected services, and you agree to the terms on this form. This authorization remains in effect until written notice of revocation is provided, allowing reasonable time to act on it.

ACH Company IDs (Bank Identifier Table)

Please ensure your bank allows the following ACH Company IDs, which will be used to debit or credit your account for the services you've authorized. These IDs may appear on your bank statements with the descriptions noted.

ACH Company ID	Transaction Purpose & Description
9165530001	Admin fees & manual claim reimbursements (debits); COBRA premiums (credits)
1383261866	Benefits Card swipes – daily card settlement (debits) via M&I/MBI Bank
1328261866	HSA contributions (Avidia Bank) – includes test micro-deposits (debits)
1900808825	HSA contributions (WealthCare Saver) – includes test micro-deposits (debits)

Ensure your bank's ACH fraud filters are set to **allow** these IDs. Legitimate benefit transactions will be initiated using the above company IDs – blocking them could delay funding.

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