



**CORPORATE AUTHORIZATION
FOR
HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION FUNDING**

_____ (“Plan Sponsor”) authorizes PayFlex Systems USA, Inc. (“PayFlex”) to initiate debit and credit entries to the account designated below for Health Savings Account (HSA) contribution funding. Plan Sponsor guarantees coverage of all requests for funds initiated by PayFlex for HSA funding based on HSA funding files that Plan Sponsor submits for processing. This authorization is to remain in full effect until written notice of its termination is supplied to PayFlex by Plan Sponsor.

Plan Sponsor will instruct its bank to accept debit transactions from Citibank, N.A., acting on behalf of PayFlex. Plan Sponsor will ensure that any Automated Clearing House (ACH) debit blocks will be modified to allow for this access. The originator identification number that must be accepted as part of this authorization is 1911774434.

Plan Sponsor agrees to allow for a test of the debit against its bank account to ensure that funds can be debited without issue. A \$50.00 fee may be assessed to Plan Sponsor by PayFlex for each Rejected/Non-Sufficient Funds (NSF) ACH debit transaction.

Plan Sponsor Name: _____

Authorized Signer: _____

Name of Authorized Signer: _____

Title of Authorized Signer: _____ Date: _____

Plan Sponsor’s Financial Institution Information:

Bank Name: _____

Address: _____

ABA Routing Number: _____

Account Name: _____

Account Number: _____

Account Type; check one (**Note:** Citibank, N.A. cannot debit against a Ledger account.)

_____ Checking _____ Savings

Return this completed and signed form to your PayFlex Account Manager.