



Authorization Agreement for ACH Contributions
Employer Recurring and Non-recurring ACH Contributions

Please Note: All Initial Contributions must be made by check. All subsequent contributions shall be made via ACH.

I, _____ (employer), hereby authorize American Benefit Services, LLC to draft my account for contributions to the HSA plans established by employees. I authorize American Benefit Services, LLC to make these drafts at the specified periods named in the Employer Application and Agreement.

Employer Name	
Federal ID #	
Street	
City	
State	
Zip Code	
Phone Number	
Email	
Financial Institution	
Street	
City , State, Zip	
Phone Number	
Checking Account Number	
Nine-Digit Bank Routing Number	

Please attach a voided Check

Authorized Representative Signature

Date

Authorized Representative Name

Title

ABSACH0204