

ELECTRONIC FUNDS TRANSFER (EFT) CONTRIBUTION AUTHORIZATION FORM



(PLEASE PRINT)

Instructions – This form is used to setup or change an automatic monthly electronic funds transfer (EFT) withdrawal from your personal bank account for the purpose of making an ongoing HSA monthly contribution. The monthly automatic pull will not stop until you have notified us to change or turn this feature off.

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		

I am completing this form for the purpose of: (check all that apply)

- Creating a **NEW** monthly EFT
- Changing the amount of a current EFT
- Changing the financial institution of a current EFT
- Changing the contribution date of a current EFT
- DISCONTINUING** a current EFT
- Check here if you would also like the bank account information below used for **direct deposit** of claims

I understand that contributions to my HSA account cannot exceed the maximum statutory limits (for more information on these limits go to www.myhsa.com or call our help desk at 800-576-9472). I understand that trying to contribute more than the allowed maximum contribution to my HSA account could result in additional fees.

I hereby authorize Alliance Benefit Group (ABG) to initiate and adjust MONTHLY electronic transactions from the bank account named below to my ABG MyHSA account. These transactions are made through regional automated clearing house (ACH) associations and are subject to the operating rules and regulations of the National Automated Clearinghouse Association (NACHA).

I understand this change will not be effective until the third business day following receipt of the completed form by Alliance Benefit Group of Illinois. All MyHSA account holders are responsible for assuring there are sufficient funds available in their account at the time of withdrawal. Where applicable, ACH returns will incur additional fees.

Please complete the appropriate sections (for a new EFT, complete all): (For New Bank Information a copy of a voided check must be attached)

Name of Financial Institution

Contribution Amount: \$ _____

Routing & Transit Number (9 digits)

Contribution Pull Date: (select one)

_____ 1st Business Day of each Month

Account Number (Authorization applies to checking accounts only)

_____ 15th Business Day of each Month

Start Date _____

I certify that I am the owner of the account named above and that I have the legal right to provide this authorization. This authorization remains in full force and effect until which time Alliance Benefit Group has received written notification from me of its termination. Termination notification must be received at least ten (10) business days prior to your next ACH contribution.

Signature of Account Holder: _____ Date: _____

Mail this form to: Alliance Benefit Group of IL, Attn: MyHSA Department, 456 Fulton St., Suite 345, Peoria, IL 61602

Fax this form to: (800) 688-4329

If you have any questions please call 800-57MyHSA (800-576-9472).