

Receiver hereby authorizes Surency, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository name below, hereinafter called Depository, to credit and/or debits same to such account.

Contact Information

Company Name (Receiver): _____

Contact Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Bank Account Information

Account #1

Select your account: Checking Savings

Depository Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Transit/ABA Routing Number: _____

Account Number: _____

Starting Check Number: _____

For the Following Debits: Mark all that apply

- Reimbursements Billing HSA Advance Funding*
 HSA Funding Fee Funding

- **Reimbursements:** Account used to fund the reimbursement of claim transactions (for non-HSA transactions).
- **Billing:** This account will be utilized for online billing (Surency will ACH for admin. fees).
- **HSA Funding:** Account used to fund HSA transactions (contributions).
- **Fee Funding:** Account used for employer HSA fees.
- ***HSA Advance Funding:** Account used to fund HSA Advance transactions. If you would like your HSA Advance Funding tied to a separate account, complete the Account #2 section on the next page, and mark HSA Advance Funding.

**Return completed form back to Surency
via mail: P.O. Box 789773, Wichita, KS 67278-9773
866-818-8805 • Surency.com**

Account #2 (if applicable)

Select your account: Checking Savings

Depository Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Transit/ABA Routing Number: _____

Account Number: _____

Starting Check Number: _____

For the Following Debits: Mark all that apply

- Reimbursements Billing HSA Advance Funding*
 HSA Funding Fee Funding

- Reimbursements: Account used to fund the reimbursement of claim transactions (for non-HSA transactions).
- Billing: This account will be utilized for online billing (Surency will ACH for admin. fees).
- HSA Funding: Account used to fund HSA transactions (contributions).
- Fee Funding: Account used for employer HSA fees.
- *HSA Advance Funding: Account used to fund HSA Advance transactions.

Authorization Signature

Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) Operating Rules. This authority is to remain in full force and effect until Surency has received written notification from me (or any of us) of its termination in such time and in such manner as to afford Surency and Depository a reasonable opportunity to act on it.

Name of Company Officer(s): _____

Title(s): _____

Signature(s): _____

Date: _____

The information on the next page must be provided to your banking institution to proceed.

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Information For Your Bank

The below filter information must be provided to your banking institution:

Surency (NON-HSA) Filter Information

Submitting Bank: Commerce Bank

Routing Number: 101000019

Company Name: Surency Life & Health

Company ID: 2261969006 (automated & manual presentments)

Surency (HSA) Filter Information

Submitting Bank: Bell State Bank & Trust (Healthcare Bank)

Routing Number: 091310521

Company Name: Surency Life & Health

Company ID: 1261969006 (automated & manual presentments)

***A VOIDED CHECK MUST ACCOMPANY THIS FORM**

NOTE: If your company does not utilize checks associated with this account, Surency requires a formal letter from your banking establishment confirming the account information in this form.

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