

HSA Funding Information Form

1 Contact information

By email:

accountservices@optum.com

Questions:

1-800-294-6620

*** * * IMPORTANT INFORMATION TO ENSURE PROPER PROCESSING * * ***

To fund HSA contributions, we will debit your designated corporate account via ACH (must be a checking account). Some banks require an Originator ID for verification when large ACH debits are presented. Please provide the number **1470858534** as the Originator ID authorizing Optum to debit your corporate account for HSA contribution funding.

2 Claim funding information

Company legal name:

Federal tax ID number:

Company address:

Funding bank name:

Funding bank ABA #:

Funding bank address:

City/state/ZIP:

Funding bank account #:

Funding bank contact:

Bank institution contact:

Employer HSA funding notification contact name:

Employer HSA funding notification contact phone:

Employer HSA funding notification email address:

Please Note: On banking holidays, the funding notification day will be one business day prior. For ACH transactions, the charge to your bank account will be the next business day following the notification day.

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3 Automated Clearinghouse (ACH) debit authorization

By signing this authorization form, I understand I am authorizing Optum Bank to debit our bank account at the US financial institution indicated above for all HSA funding requirements. I understand and agree that this authorization will remain in effect for any future bank account(s) I designate to Optum Bank for the purpose of HSA funding. We are solely responsible for providing funds for these benefits; Optum Bank has no responsibility to fund such payments. We will ensure sufficient funds are in the bank account at all times to cover each call for funds and that the appropriate debit filtering is authorized with the bank. If the necessary funds are not on deposit in the bank account and/or an ACH reject or reversal is received, we understand the policy may be terminated immediately. We understand we are liable for any expenses incurred for a failure to provide funds timely and in the amount requested, as well as any collection fees that may result.

I will promptly notify Optum Bank of any change to the bank account at least 30 **calendar** days in advance of any change and provide an updated, debit authorization form. We understand it may take up to 5 business days for the new information to update Optum Bank's systems and begin debiting a new bank account. We will ensure the existing bank account has adequate funds on deposit until the new bank account is functional.

Authorization

I hereby authorize Optum Bank to initiate automated clearinghouse (ACH) debits to the financial institution and bank account indicated above for the purpose of providing funds for benefits. The US financial institution is authorized to debit our bank account and provide funds to Optum Bank. This authority remains in full force and effect for the bank account listed here, as well as any revised bank account information I supply Optum Bank, until the account ceases to be debited upon termination of the policy and all liability has been paid. I have also read and agree to the terms and conditions outlined above. I am dully authorized to execute the debit authorization on behalf of the company named above.



Authorized signature

Printed name

Title

Telephone number

Address

City/state/ZIP

Date