Authorization Agreement for Electronic Payments

Save time with the HSA Electronic Payment (EP) Program. We now offer the convenience of electronic payments to our members. This means the end of writing checks. With the EP Program, you authorize HSA to deduct your monthly payments directly from your checking account. It's that easy! Simple fill out this form and include a copy of a voided check. Please note, once Electronic Payment has been established, your billing statement will reflect the message "Please Do Not Pay This Bill" towards the middle/top section of your statement. This program could take 2-4 weeks to begin due to timing and processing factors.

Electronic payments can be deducted from your account on either the 15th or 24th of each month. For example, July premium payments will be processed on June 15th or June 24th. All outstanding balances owed, including fees, will be transferred at that time.

Client Name: _____ 6 Digit HSA Member #: _____

I (we) hereby authorize HSA, hereinafter called COMPANY, to initiate debit entries for my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Please indicate which date you prefer withdrawals to start by checking one of the boxes below:

☐ 15th of Current Month ☐ 24th of Current Month

☐ 15th of Next Month ☐ 24th of Next Month

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Name on Account: _____

Routing Number: _____ Bank Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

Authorized Signer _____ _____
Sign Name Print Name and Title

Authorized Signer (if more than one required) _____ _____
Sign Name Print Name and Title

Date: _____ Client Telephone: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Attach voided check here Please fax or secure email the completed form to: (781) 848-7020 or enrollment@hsainsurance.com

**This form is for new enrollment in the EP Program ONLY.*
For changes to existing bank information, please contact Customer Service at (781) 228-2222.