

EMPLOYER AUTHORIZATION AGREEMENT FOR ACH TRANSFER

Please complete this form and using a computer. Fax this form along with the Employer Electronic Contribution Form to (608) 654-5297. Be sure to save a completed copy for future changes.

I hereby authorize the Bank of Cashton to initiate debit entries to my account at the financial institution named below to be deposited into the employees Health Savings Account (HSA). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I (employer) request authorization to initiate credit entries (contributions) to my employees' HSA account.

COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
FAX NUMBER	

TRANSFER FROM ACCOUNT (DEBIT):

NAME OF FINANCIAL INSTITUTION	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
ACCOUNT TYPE	
ACCOUNT NUMBER	
NINE-DIGIT ROUTING NUMBER	

I authorize the Bank of Cashton to withdraw \$ _____ from the account mentioned above and deposit it into the employees' HSA accounts _____ beginning on _____.

DISCLOSURE: Bank of Cashton shall not be liable to the employee for any losses, damages, costs, penalties, or expenses incurred as a result of the employer's failure to make the contribution to the employee's HSA required under the employer's health plan. Bank of Cashton is not responsible for monitoring the employer contributions to the employee's HSA or notifying the employee of the employer's contributions. The employee is responsible for contacting the employer regarding contributions and monitoring those contributions. Bank of Cashton provides monthly statements to the employee.

NOTE: If the draw date you have selected falls on a weekend or holiday, your transaction will occur on the prior business day.

Name of Employer Authorized Representative (Print): _____

Signature of Employer Authorized Representative Date