

# Group Online Contribution (GOC) Maintenance Form



Complete this form to update your financial institution information for group online contributions. Please complete and return this form to HSA Bank by email to [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com), fax to 877-851-7041, or mail to P.O. Box 939, Sheboygan, WI 53082-0939.

This form must be signed by an authorized agent of the employer.

Divisions of a company cannot have separate contribution limits. The company will have one contribution limit granted, which will apply to the parent company as well as all divisions that are set up for group online contributions. If you have further questions regarding divisions, please contact HSA Bank.

Company Information on File With HSA Bank	
Federal Tax ID Number:	Phone:
Company Name:	Division Name (if applicable):
Update Financial Institution Information	
<i>Use this section to update your financial institution information for group online contribution.</i>	
<b>Please be sure to inform your external bank to allow debits from HSA Bank (ACH Company ID 1390634250).</b>	
Financial Institution Name:	Phone:
ACH Routing Number: <i>Please use 9 digits.</i>	Checking Account Number:
Employer Checklist	
<b>Have you:</b> <input type="checkbox"/> Filled out this form completely <input type="checkbox"/> Had this form signed by an authorized agent of the employer <input type="checkbox"/> Informed your external bank to allow debits from HSA Bank (ACH Company ID 1390634250)	
Authorized Agreement for Direct Payments	
<p>I hereby authorize HSA Bank, a division of Webster Bank, N.A., hereinafter called BANK, to initiate debit entries to COMPANY's checking account on file with BANK or indicated on this form, hereinafter called DEPOSITORY. I acknowledge that the origination of ACH transactions to COMPANY's account must comply with the provisions of U.S. law. I hereby agree that the previously executed Group Online Contributions ACH Origination Agreement shall control and govern this GOC Maintenance Form.</p> <p>The authorization is to remain in full force and effect until BANK has received written notification from COMPANY of its termination in such time and in such manner as to afford BANK and DEPOSITORY a reasonable opportunity to act on it. I certify that I am an authorized signer on the account at HSA Bank for COMPANY.</p> <p>HSA Bank shall not be liable to the employee for any losses, damages, costs, penalties, costs, penalties, or expenses incurred as a result of the employer's failure to make the contributions to the employee's HSA as may be required under the employer's health plan. HSA Bank 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. HSA Bank provides periodic statements to the employee.</p> <p><b>Your signature below certifies that you acknowledge this agreement, the information provided on this form is accurate, and you have the authority to sign this form as an agent of COMPANY.</b></p>	
Name:	Title:
Signature:	Date: