

## Employer Invoicing Form

Complete this form to:

1. Enable employer invoicing (start paying employees' monthly service fees) OR
2. Update bank account information for employer invoicing (update the employer bank account that is used to pay employees' monthly service fees).

**Note:** If employer invoicing is not currently enabled, and you do not wish to enable it, do not complete this form.

Please complete and return this form to HSA Bank at [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com) or mail to P.O. Box 939, Sheboygan, WI 53082-0939.

This form must be signed by an authorized agent of the employer. **The authorized agent must be an active contact on file with HSA Bank.**

**\*If you have any questions about divisions or would like to terminate invoicing, please contact HSA Bank.**

Company Information on File With HSA Bank	
Federal Tax ID Number:	Company Name:
Phone:	Division Name (if applicable)*:
HSA Monthly Service Fees: Enable/Update Invoicing	
<input type="checkbox"/> I choose to enable invoicing ( <b>EMPLOYER</b> pays employees' monthly HSA service fees). <b>Please be sure to inform your external bank to allow debits from HSA Bank (ACH Company ID# 1390634250).</b> <i>Note: If a written enrollment agreement between the above-named company and HSA Bank is already in place, terms of that agreement will continue to govern.</i>	
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 <b>completely</b> <input type="checkbox"/> Had this form signed by an active contact on file with HSA Bank <input type="checkbox"/> Informed your external bank to allow debits from HSA Bank (ACH Company ID: 1390634250)	
Authorization Agreement for Direct Payments	
<b>The authorized agent must be an active contact on file with HSA Bank.</b>	
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, and to debit the same to such account for payment of the monthly invoiced Health Savings Account service fees for COMPANY's employees. An email notification will be sent to you with online access to your invoice at least 8 days in advance of your monthly, scheduled payment dates. Your monthly invoices and employee list will be available online at the Employer Administration Site. I acknowledge that the origination of ACH transactions to COMPANY's account must comply with the provisions of U.S. law.	
This 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. <b>I certify that I am an authorized signer on the account at HSA Bank and have the authority to sign this form as an agent of COMPANY.</b>	
Name(s) (please print):	
Signature:	Date:
<b>NOTE: COMPANY termination or changes to this authorization for debit entries for monthly HSA service fee invoiced payments can be done by contacting HSA Bank via phone, secure email or U.S. mail. HSA Bank may terminate this authorization or the option to allow the COMPANY to be invoiced for their employees' Health Savings Account service fees upon 30 days notification to the COMPANY. Upon HSA Bank termination, COMPANY'S employees may be charged HSA Bank monthly Health Savings Account service fees by direct debit to the employees' Health Savings Accounts. If cause for termination is due to non-payment of service fees by COMPANY after reasonable attempts to collect have been performed, HSA Bank may terminate this agreement immediately without notification to the COMPANY.</b>	