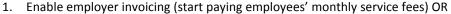
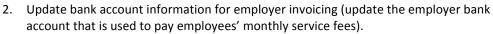
## **Employer Invoicing Form**

Complete this form to:







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, 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. 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.

Bank		
Company Name:		
Division Name (if a	Division Name (if applicable)*:	
ate Invoicing		
R pays employees' monthly H	SA service fees).	
		•
	Phone:	
Checking	Account Number:	
ely Had this form signe	d by an active contact on file with H	SA Bank
to allow debits from HSA Ba	nk (ACH Company ID: 1390634250)	
ated on this form, hereinafter d Health Savings Account serv r invoice at least 8 days in adv vailable online at the Employ	called DEPOSITORY, and to debit the vice fees for COMPANY's employees vance of your monthly, scheduled paer Administration Site. I acknowledg	e same to such . An email notification lyment dates. Your
r as to afford BANK and DEPO	SITORY a reasonable opportunity to	act on it. I certify
	Date:	
	Division Name (if a ate Invoicing R pays employees' monthly He to allow debits from HSA Bank the above-named company and the above-named company and the allow debits from HSA Bank to allow debits from hereinafter d Health Savings Account service in invoice at least 8 days in advailable online at the Employmust comply with the provising effect until BANK has received as to afford BANK and DEPO	Division Name (if applicable)*:  ate Invoicing R pays employees' monthly HSA service fees).  A to allow debits from HSA Bank (ACH Company ID# 1390634256 on the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank is already in place, terms of the above-named company and HSA Bank (ACH Company ID: 1390634250)  Imments to allow debits from HSA Bank (ACH Company ID: 1390634250)  Imments teach on file with HSA Bank.  Webster Bank, N.A., hereinafter called BANK to initiate debit entrated on this form, hereinafter called DEPOSITORY, and to debit the death of the above-named company and the above-named company and the advance of your monthly, scheduled payailable online at the Employer Administration Site. I acknowledge must comply with the provisions of U.S. law.  Indeffect until BANK has received written notification from COMF as to afford BANK and DEPOSITORY a reasonable opportunity to int at HSA Bank and have the authority to sign this form as an agent

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.