

# Employer HSA Banking Authorization Form

## Instructions

Use this form when your HSA Administrator needs to enter HSA banking information on your behalf due to funding arrangements (e.g., more than one funding account). Please complete the form and return it to your AmeriHealth New Jersey sales representative. You should also ensure that your bank has been notified about the funding bank filtering information.<sup>1</sup>

## BMO Harris Company ID Filter and Bank Notification

If your bank uses ACH filtering, to ensure proper payroll funding, please also inform them of the BMO Harris Company ID Filter before submitting your first contribution request.

The BMO Harris Company ID Filter: I900808825 (Note that the first character is an alpha character, not the number 1.)

## Additional notes such as medical groups to include

## Employer HSA Funding Contact

Employer Name:

Client ID:

Contact Name:

Tel:

Email:

## Banking Information and Authorized Signature

This bank account is for employer-directed HSA contributions.

Employer hereby authorizes the HSA Administrator or its agents to initiate ACH transfer entries for the following depository:

Bank Account Number:

Routing Number:

Bank Name:

Type of Account:  Checking or  Savings

Name of Authorized Signer:

Title of Authorized Signer:

Signature/e-Signature

Date:

1. If your bank uses ACH filtering and you fail to notify them, the actual contribution submissions will fail.