

AUTHORIZATION

By signing this form, we authorize Flex Facts to initiate electronic debits (and/or credits) to/from the bank account listed below for funding and all fees due, including but not limited to monthly administration fees, annual renewal fees, and ACH return fees.

- A \$1.00 pre-note (from **MBI SETL/ MED-I-BANK**) will be charged to the bank account provided, to confirm that the account is valid and accessible. For HSA, a \$0.01 pre-note (from **AVIDIA BANK SETL GRANT BENEFITS**) will be charged as well.
- Reimbursement checks will be issued from the designated employer bank account provided on this form. The signature of the authorized signer (captured below) will be used for the sole purpose of issuing reimbursement checks, based on claims submitted by plan participants seeking payment for their eligible expenses. The signature of the authorized signer will be printed directly on the reimbursement checks.
- We understand a surcharge of \$35 for each returned ACH will be assessed to accounts in which funds were not available at time of draw and service will be placed on hold until the payment is able to be collected.
- This authorization will remain in effect until we provide a written notification of the termination of this authorization. A reasonable amount of time will be provided for Flex Facts to apply any changes requested.

BANK ACCOUNT INFORMATION

Employer Name: _____

Account Number: _____ Bank Name: _____

Routing Number: _____ Account Type: Checking Savings

Name of Authorized Signer: _____ Title: _____

Email Address: _____ Phone: _____

SIGNATURE

In this box, please include a **handwritten** signature of the signer that is authorized on the bank account listed above.

- Handwritten signature is required
- Use dark ink only
- Signature must be completed within the box

Date: _____

FILTER INFORMATION

Please provide the filter information below to your bank, to ensure Flex Facts ACH withdrawals are not rejected.

BANK FILTER INFORMATION FOR FUNDING:

SUBMITTING BANK (ODFI): HARRIS BANK F/K/A M&I BANK
 COMPANY NAME (ACCOUNT NAME): MED-I-BANK
 ROUTING NUMBER: 075000051
 ORIGINATION ID: 07500005
 COMPANY ID: 1383261866

BANK FILTER INFORMATION FOR FEES:

FLEXFACTS - GRAN SALE
 COMPANY ID: 9215986202