



COMPLETE AND RETURN TO

Medical Mutual Services/Finance

MZ: 04-3W-8240

2060 East Ninth Street

Cleveland, Ohio 44115-1355

Fax Number: (440) 878-7044

Email: WCA_Banking@MutualHealthServices.com

Health Savings Account (HSA) Authorization for Electronic Funds Transfer (EFT)

This form allows Medical Mutual Services, LLC (“Medical Mutual”) or a designated agent of Medical Mutual to withdraw funds from the account indicated below for HSA contributions.

Please note: Debits to the bank account shown below will state “Med-I-Bank” in the transaction description. To validate the routing number and account number of the bank account identified below, Med-I-Bank will complete an Automated Clearing House (ACH) pre-notification (pre-note) by withdrawing \$1.00 either once or twice from your identified account. The pre-note will fail if there are no funds in the identified account or if you have filters set up on your bank account. Please use the bank filter information at the bottom of this form when working with your bank.

Company Name: _____ **Employer EIN:** _____

EFT Contact Name: _____ **Contact Email:** _____

Contact Phone Number: _____

I hereby authorize Medical Mutual Services, LLC to initiate variable debit entries (withdrawals) and to initiate, if necessary, credit entries (deposits) and adjustments for any debit entries in error to the account at the depositor named below.

Checking Account **OR** Savings Account

Account Number: _____

Financial Institution: _____

Branch: _____ **City:** _____ **State:** _____

Bank Routing Number: _____

This authority will remain in full force and effect until Medical Mutual has received written notification from me of its termination in such time and in such manner as to afford Medical Mutual a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

This form will not be processed without a voided check or letter from the employer bank. Please **sign** and return the completed form and voided check or bank letter via email to **WCA_Banking@MutualHealthServices.com** or fax to (440) 878-7044.

BMO/Harris Bank filter information for employers:

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 (Daily POS Settlements):	1383261866
Company ID (Resubmits):	W383261866
Company ID (HSA Items):	9383261866