

Authorization Agreement for One-Time ACH Direct Payment HSA

Employer requested that Aptia in cooperation with WEX transfer HSA funds currently administered by Aptia as directed and authorized herein. The HSA funds will be settled directly to the bank account (“Account”) at the depository financial institution named below (“Depository”). Aptia will initiate an ACH to the account equal to the total HSA funds as directed by employer and consistent with law.

Note: All fields are required

Step 1: Employer Information

Employer Name (“Receiver”) Tax ID Number

Step 2: Account Information

Financial Institution Name (“Depository”) Branch
Street Address City State Zip
- -
Phone Number Checking Account Savings Account
Routing Number (should be nine digits) Account Number (“Account”)

Step 3: ACH Filter – REQUIRED

To authorize Aptia to initiate an ACH from the account, contact your financial institution and provide them with the following information. If IDs are not established and/or ACH dollar limits are set by the bank, ACH errors will occur and cause delays.

Origination Company Name & ID: Aptia – 990005855A

Step 4: Authorization

Receiver hereby authorizes Aptia in cooperation with Aptia to initiate credit entries to the account for transferred HSA funds.

This authorization is a one-time ACH authorization agreement for transferred HSA funds. A new form is required in the event a future ACH for transferred HSA funds is needed. Receiver agrees to comply with and be bound by the National Automated Clearing House Association (NACHA) operating rules. Receiver acknowledges the origination of ACH transactions to the account must comply with the provisions of U.S. law. Receiver agrees to indemnify and hold Aptia harmless for any damages suffered as a result of this HSA fund transfer.

I understand the contents of this form and will contact the bank listed above with Aptia’s originating ID numbers to ensure successful ACH transmission.

Employer Signature Date