



##24T01902#####

ACH Authorization Form

Email: ersetup@anthemcdh.com

Fax: (978) 856-6604

If Faxing, number of pages

Section A: Contact Information (*required fields)

| | |
|-------------------|-------------------|
| Employer Name* | Employer/Case ID* |
| <hr/> | |
| Employer Address* | |
| <hr/> | |
| City, State, Zip* | |
| <hr/> | |

Section B: ACH Authorization

Plan Type:

- | | | |
|---------------------------------|------------------------------------|------------------------------|
| All Plans | Health Reimbursement Account (HRA) | Health Savings Account (HSA) |
| Flexible Spending Account (FSA) | Dependent Care Account (DCA) | Transit and Parking |

Employer HEREBY authorizes Anthem or its agents to initiate ACH transfer entries for the following depository:

| | |
|---------------------------|--|
| Bank Account Number | Routing Number |
| <hr/> | |
| Bank Name | Type of Account: Checking or Savings |
| <hr/> | |
| Name of Authorized Signer | Title of Authorized Signer |
| <hr/> | |
| Signature/e-Signature | |
| <hr/> | |
| E-mail Contact | |
| <hr/> | |

Spending Account Utilization (Claim & Debit Card Activity for Non-HSA Plans):

BMO HARRIS BANK N/A. ACCOUNT NAME: Med-I-Bank ROUTING NUMBER: 075000051 ORIGINATION ID: 07500005 COMPANY ID (Daily POS Settlements): 1383261866
COMPANY ID (RESUBMITS): W383261866 COMPANY ID: 3333313100.

Note there is a \$1 non-refundable pre-note to ensure the account can be debited. If there is a filter preventing unauthorized bank entries, please make sure these filters are added.

WealthCare Saver (HSA Deposits):

BMO HARRIS BANK N/A. COMPANY ID: I900808825 ROUTING NUMBER: 071000288

Note there is a \$0.01 non-refundable pre-note to ensure the account can be debited. If there is a filter preventing unauthorized bank entries, please make sure these filters are added.