

SelectAccount®

Automated Group Clearing House (ACH) Authorization Agreement

(To be used by SelectAccount groups)

We hereby authorize SelectAccount to charge our bank account through the Automated Clearinghouse (ACH) for:

- Payment for claim reimbursements (FSA, HRA)
- Contributions (HSA, VEBA)

Please allow 10-15 business days from the date your form is received by SelectAccount for your request to be processed.

Getting started

PAY **1** Complete the authorization form | \$

Attach here with tape **2** If checking account, attach a voided check. If savings account, attach a savings account deposit slip

DO NOT STAPLE **3** Mail or fax completed form to SelectAccount

C. [Signature]

Group Name: _____

Group Location (if applicable): _____
(If you wish to have different ACH accounts by location, complete one form for each location)

SelectAccount Group Number: _____

Bank Name: _____

Bank Telephone Number: (_____) _____ - _____

Bank ABA Number: _____
(The bank ABA number is the nine-digit number located in the lower left corner of your check or savings deposit slip.)

Bank Account Number: _____

Type of Account: _____ Checking *(Attach void check)* Savings *(Attach deposit slip)*

Signed: _____

Title: _____

Mail or Fax to:
SelectAccount
P.O. Box 64193 • St. Paul, MN 55164-0193
Fax: (651)662-1180 / 866-231-0214 • Group leader line (888) 460-4013