

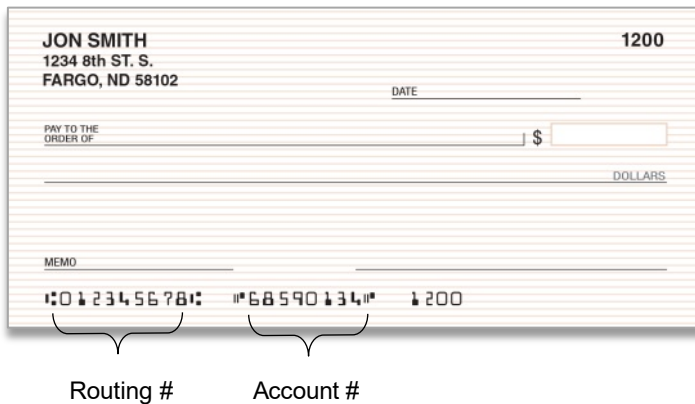


Health Savings Account Direct Deposit Authorization Form

Use this form to set up a personal bank account for your HSA to using in making distributions and contributions. **IMPORTANT: A voided/photocopied check clearing identifying the routing number, account number and account holder name is required.** Submit completed form to: Benefit Extras, Inc. (TPA) via fax to **952.435.8435 (toll-free fax 800.886.8793)**, secure email to **flex@benefitextras.com** or mail to **Benefit Extras, Inc., P.O. Box 1815, Burnsville, MN 55337**. If you have any questions regarding this form, please call **952.435.6858** or toll-free at **866.435.6858** or contact us via our website at www.benefitextras.com.

*Required Fields

Part I Consumer Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City		*State	*Zip
Part II Personal Bank Account Information			
*Bank Name			
*Bank Address		*City	*State
*Zip			
*Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		*Routing #	*Account #



Part III Consumer Authorization	
<p>I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes Benefit Extras, Inc. to issue payment directly to the specified account unless I notify them otherwise. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability and admissibility.</p>	
*Consumer Signature	*Date