



Date: _____

HSA ACH authorization release

Employers: A business card of the signatory and a voided check (if checks are drawn from the account) should accompany this form, or the program go-live date may be delayed. Once completed, please return this form to EBMS. Please attach a copy of a voided check to this form.

New customer _____

Current customer/update only _____

HEREBY authorizes Alegeus Technologies LLC and Avidia Bank to initiate ACH transfer entries for the following depository:

Corporate employer or individual account holder name

Corporate or Individual Financial Institution Name:			
Address:			
City:	State:	ZIP code:	
ABA Routing Number:	Account Number:		
Type of Account (Please check one):	Checking Account ____	Savings Account ____	
Information Provided by (Please print your name):			
Title:			
Signature:			

**** Please update your HSA bank account filter to allow Avidia Bank and Alegeus access to initiate ACH transfers to the following:**

Avidia Bank	Company ID	Routing Number
Company ID Use: Payroll Funding	1383261866	211370529

Alegeus Company IDs:

ACH filters for Alegeus' two (2) Company IDs must be setup to allow both Debit & Credit transactions to be processed.

Alegeus Company IDs	Company ID	Description
Company ID Use: Debit Card Settlement	1383261866	This Company ID is included in the ACH File routed thru the FED for all POS/Debit Card Transactions.
Company ID Use: Resubmission of ACH Transactions	W383261866	This Company ID is included in the ACH File routed thru the FED for any ACH Transactions have been returned and need to be re-submitted.