



COMPLETE AND RETURN TO
Medical Mutual Services/Finance
MZ: 02-3P-8240
100 American Road
Cleveland, OH 44144-2322

Fax Number: (440) 878-7044
Email: WCA_Banking@MutualHealthServices.com

Health Savings Account (HSA)
Authorization for Electronic Funds Transfer (EFT)

This form allows Medical Mutual Services, LLC ("Medical Mutual") or a designated agent of Medical Mutual to withdraw funds from the account indicated below for HSA contributions.

Please note: Debits to the bank account shown below will state "WealthCare Saver Prime" in the transaction description. To validate the routing number and account number of the bank account identified below, WealthCare Saver Prime will complete an Automated Clearing House (ACH) pre-notification (pre-note) by withdrawing an amount between \$.01 and \$1.00 either once or twice from your identified account. The pre-note will fail if there are no funds in the identified account or if you have filters set up on your bank account. Please use the bank filter information at the bottom of this form when working with your bank.

Company Name: _____ Employer EIN: _____

EFT Contact Name: _____ Contact Email: _____

Contact Phone Number: _____

I hereby authorize Medical Mutual Services, LLC to initiate variable debit entries (withdrawals) and to initiate, if necessary, credit entries (deposits) and adjustments for any debit entries in error to the account at the depositor named below.

[] Checking Account OR [] Savings Account

Account Number: _____

Financial Institution: _____

Branch: _____ City: _____ State: _____

Bank Routing Number: _____

This authority will remain in full force and effect until Medical Mutual has received written notification from me of its termination in such time and in such manner as to afford Medical Mutual a reasonable opportunity to act on it.

This form will not be processed without a voided check or letter from the employer bank. Please sign and return the completed form and include the voided check or bank letter via email to WCA_Banking@MutualHealthServices.com or fax to 1-440-878-7044.

Signature: _____ Date: _____

BMO Harris Bank, N.A. filter information for employers:

Submitting Bank (ODFI): BMO HARRIS BANK, N.A.
Company Name (Account Name): WealthCare Saver Prime
Routing Number: 071000288
Origination ID: 071000288
Company ID (Daily POS Settlements): 1383261866
Company ID (Resubmits): W383261866
Company ID (HSA Items): I900808825 (this starts with the letter I, not the numeral 1).