



## ACH "PULL" AUTHORIZATION AGREEMENT FOR HSA FUNDING

409 Silverside Road, Suite 105  
Wilmington, DE 19809  
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Complete this form if your company/business is registered for our HSA Employer Funding Portal and you would like to (1) change your method of contributing funds to employees' Health Savings Accounts (HSAs) to ACH "pull" initiated by The Bancorp Bank or (2) update or change information about the Payor Bank you use to contribute funds to your employees' HSAs by ACH "pull" initiated by The Bancorp Bank.

- **Section I (Parts 1-3) – Must be completed in its entirety.**
- **Section II (Parts 1-3) (Optional) –** You may use this optional section to have your Payor Bank **confirm its ABA routing number and your company/business account number**. This will ensure that we and your Payor Bank have the information we need to initiate and allow ACH debits from your company/business account.

**Note:** To use this form, your company/business must already be registered for our HSA Employer Funding Portal. If you are not yet registered, please complete our HSA Employer Funding Portal Company/Business Registration and ACH Authorization Agreement form.

**Only typed forms will be accepted for processing.**

### SECTION I: ACH "PULL" AUTHORIZATION AGREEMENT FOR HSA FUNDING

To contribute funds to your employees' HSAs by ACH "pull" initiated by The Bancorp Bank, you must complete this ACH Authorization Agreement for debits and credits drawn by The Bancorp Bank. This Agreement applies solely to the contribution of funds to your employees' HSAs.

#### PART 1: Company/Business Information

Company Name:		
Group ID Number/Code:	Taxpayer ID No.:	
Address:		
City:	State:	Zip:
Phone:		

#### PART 2: Payor Bank Information

Provide the following information about the bank and the account that the company/business will use to contribute funds to employees' HSAs by ACH "pull." The ABA routing number and account number must be accurate for purposes of allowing ACH debits. The bank identified below shall be known as the "Payor Bank."

**Important:**

- Please attach to this form a copy of a voided check from the account, if available. Alternatively, ask your Payor Bank to complete the attached Section II, "Verification of ABA Routing Number and Account Number for ACH Debits," and return it to you so that you may submit it with this Authorization Agreement.

Payor Bank Name:		
Address:		
City:	State:	Zip:
ABA Routing Number:	Company/Business Account Number: (only include required dashes)	
Title of Account:		

**PART 3: Authorization – Signature Required**

On behalf of the company/business named in Section I, Part 1, above, I hereby authorize The Bancorp Bank to initiate ACH debit and credit entries, and, if necessary, debit entries and adjustments for any credit entries in error or credit entries and adjustments for any debit entries in error, to/from the bank account identified in Section I, Part 2, above. I further authorize the Payor Bank identified in Section I, Part 2, above, to charge the same to the designated account. I acknowledge and agree that the company/business named above and any debits or credits initiated pursuant to this authorization are bound by applicable U.S. law and the National Automated Clearing House Association (NACHA) Operating Rules and Operating Guidelines.

This authorization supersedes and replaces all prior authorizations for ACH debits and credits and shall remain in full force and effect until The Bancorp Bank and the Payor Bank have received written notification from the company/business of its termination in such time and in such manner as to afford The Bancorp Bank and the Payor Bank a reasonable opportunity to act on it.

Signature of Authorized Representative of Company/Business:		Date: (mm/dd/yyyy)
Print Name:		Title:
Business Phone: (and extension)	Email:	

**Important:**

- Please attach a copy of a voided check from the account identified in Section I, Part 2, if available. Alternatively, please ask your Payor Bank to complete the attached Section II, "Verification of ABA Routing Number and Account Number for ACH Debits," and return it to you so that you may submit it with this form.
- Your Payor Bank must allow ACH debits from your account from the ACH Company ID and Originator listed below. Please ask your Payor Bank to include them on the "approved" list for purposes of allowing debits from your account.  
ACH Company ID: 2330165124                      Originator Name: The Bancorp Bank
- Allow ten business days for processing after we have received your completed form before uploading a funding file through the online portal that will be funded by this new ACH "pull" designation.
- Please keep a copy of this form for your records.

Please send this completed form by **mail, fax or secure email\*** to:

The Bancorp Bank  
Attn: HSA Operations  
409 Silverside Road, Suite 105  
Wilmington, DE 19809  
Fax: 302.791.5798  
DepositResearch@thebancorp.com

\* If you do not have access to secure email, send a request to DepositResearch@thebancorp.com, and a representative will respond with a secure link for submitting this completed form.

**FOR BANK USE ONLY**

Affinity Number:		Affinity Name:	
Prenote	0083	5977	Other:
Entered by:		Verified by:	Date: (mm/dd/yyyy)

**SECTION II (OPTIONAL): VERIFICATION OF ABA ROUTING NUMBER AND ACCOUNT NUMBER FOR ACH DEBITS – To Be Provided to and Completed by Payor Bank**

If you are contributing funds to your employees' Health Savings Accounts (HSAs) by ACH "pull" initiated by The Bancorp Bank, you may use this optional section to have your Payor Bank **confirm its ABA routing number and your company/business account number**. This will ensure that we and your Payor Bank have the information we need to initiate and allow ACH debits from your company/business account.

**Instructions for completing optional Section II:**

- The company/business should complete Section II, Part 1.
- Once completed, the company/business should send the entire Section II to the company's Payor Bank.  
**Note:** Send only this Section II to the Payor Bank; there is no need to send Section I of this form to that bank.
- The Payor Bank should complete Section II, Parts 2 and 3.
- The Payor Bank should return this signed Section II to the Authorized Representative of the company/business named in Section II, Part 1.

**Note:** If you are using ACH "pull" initiated by The Bancorp Bank to contribute funds to employees' HSAs and this optional Section II is not completed, the company/business must (1) attach a copy of a voided check from the account identified in Section I, Part 2, above (if available), or (2) confirm with the Payor Bank that the bank information provided in Section I, Part 2, is accurate as entered and that the Payor Bank allows ACH debits from the company/business account.

**PART 1: Company/Business Information – To Be Completed by Company/Business**

The company/business named below is authorizing The Bancorp Bank to initiate ACH debit entries from our account with the Payor Bank for purposes of contributing funds to our employees' HSAs.

Company/Business Account Number with Payor Bank: (only include required dashes)		
Title of Account with Payor Bank:		
First Name of Authorized Representative of Company/Business:	Last Name:	
Title:		
Company Name:		
Address:		
City:	State:	Zip:
Business Phone: (and extension)	Email:	
Signature of Authorized Representative of Company/Business:	Date: (mm/dd/yyyy)	

**PART 2: Payor Bank Information – To Be Completed by Payor Bank**

Payor Bank Name:	
City:	State:
ABA Routing Number:	Confirmation of Company/Business Account Number: (only include required dashes)
Confirmation of Title of Company/Business Account:	

**PART 3: Payor Bank Signature – To Be Completed by Payor Bank (Required)**

I confirm that the Payor Bank allows ACH debits from the company/business account identified in Section II, Part 2, above.

Signature of Authorized Representative of Payor Bank:	Date: (mm/dd/yyyy)
Print Name:	
Title:	Business Phone: (and extension)

**Instructions to the Payor Bank:**

- Please add the ACH Company ID and Originator listed below to your "approved" list for purposes of allowing debits from the company/business account identified in Section II, Part 2, above.

ACH Company ID: 2330165124

Originator Name: The Bancorp Bank

- Please return this completed Section II to the Authorized Representative of the company/business named in Section II, Part 1, above. Do not return it directly to The Bancorp Bank.