



HSA EMPLOYER FUNDING PORTAL COMPANY/BUSINESS REGISTRATION AND ACH AUTHORIZATION AGREEMENT

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Use this form to register your company/business for our HSA Employer Funding Portal. Once registered, you will be able to upload funding files for the purpose of contributing funds to your employees' Health Savings Accounts (HSAs).

- **Section I (Parts 1-5) – All registrants must complete in its entirety.**
- **Section II (Parts 1-3) – To contribute funds to your employees' HSAs by ACH "pull" initiated by The Bancorp Bank, you must complete Section II in its entirety.**
- **Section III (Parts 1-3) (Optional) – If you are contributing funds to your employees' HSAs using the ACH "pull" method, 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.**

Only typed forms will be accepted for processing.

SECTION I: HSA EMPLOYER FUNDING PORTAL REGISTRATION

All registrants must complete this section.

PART 1: Company/Business Information

Company Name:		Group ID Number/Code:	
Address:			
City:		State:	Zip:
Phone:			

PART 2: Company/Business Contact(s)

Please note: Each email address may be linked to only one company/business in the HSA Employer Funding Portal. The contacts and their email addresses listed below will be linked to the company/business identified in Section I, Part 1, above.

Contact #1 First Name: (primary contact)	Last Name:
Email:	Business Phone: (and extension)

Contact #2 First Name:	Last Name:
Email:	Business Phone: (and extension)

Contact #3 First Name:	Last Name:
Email:	Business Phone: (and extension)

PART 3: Primary Funding Method (select one)

<input type="checkbox"/> ACH "pull" initiated by The Bancorp Bank*	<input type="checkbox"/> Wire Transfer
<input type="checkbox"/> ACH "push" initiated by Company/Business	<input type="checkbox"/> Check

* To contribute funds to your employees' HSAs using the ACH "pull" method, you must complete Section II of this form.

PART 4: Funding File and Account Verification Information

To ensure that we accurately associate your funding file with your company's account in the Funding Portal, please provide the following information for one employee who will be included in your first funding file. Please provide (1) the employee's name and (2) the last four digits of either his/her HSA number or Social Security number, whichever full number you will use in the funding file. *Your registration cannot be processed without this information.*

Employee First Name:	MI:	Last Name:
HSA Number: (last four digits <u>only</u>)	OR	Social Security Number: (last four digits <u>only</u>)

PART 5: Signature – Required

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

IMPORTANT!

If you have selected the ACH "pull" method of funding, you must complete Section II, "ACH 'Pull' Authorization Agreement for HSA Funding."

Otherwise, please skip Section II and proceed to the "notes" and submission instructions on page 4, below.

FOR BANK USE ONLY

Affinity Number:	Affinity Name:	
Entered by:	Verified by:	Date: (mm/dd/yyyy)

SECTION II: ACH "PULL" AUTHORIZATION AGREEMENT FOR HSA FUNDING

IMPORTANT!

To contribute funds to your employees' Health Savings Accounts (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:	Taxpayer ID No.:
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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 III, "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 II, 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 II, Part 2, above. I further authorize the Payor Bank identified in Section II, 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:	

(Part 3 continued on next page)

Part 3 (continued from previous page)

Please note:

- Allow up to five business days for processing after we have received your completed form.
- Once we have registered your company/business for our HSA Employer Funding Portal, we will provide the contact(s) listed in Section I, Part 2, with login credentials and directions for accessing the site.
- Please keep a copy of this form for your records.

For ACH “pull” clients only:

- Please attach a copy of a voided check from the account identified in Section II, Part 2, if available. Alternatively, please ask your Payor Bank to complete the attached Section III, “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

- **If you have selected ACH “pull” funding initiated by The Bancorp Bank, please allow five business days after you receive your user name and password before uploading a funding file through the online portal.**

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 III (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 III:

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

Note: If you are using ACH "pull" initiated by The Bancorp Bank to contribute funds to employees' HSAs and this optional Section III is not completed, the company/business must (1) attach a copy of a voided check from the account identified in Section II, Part 2, above (if available), or (2) confirm with the Payor Bank that the bank information provided in Section II, 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 III, 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 III, Part 2, above.
ACH Company ID: 2330165124 Originator Name: The Bancorp Bank
- Please return this completed Section III to the Authorized Representative of the company/business named in Section III, Part 1, above. Do not return it directly to The Bancorp Bank.