REQUEST & AUTHORIZATION TO ORIGINATE HSA DEPOSITS FROM ANOTHER ACCOUNT

IHC Health Solutions
8009 34th Avenue South, Suite 360
Bloomington, MN 55425
Telephone Number: 866-566-2702
Fax Number: (952) 853-2265

The undersigned Applicant hereby requests IHC Health Solutions to arrange for regular electronic transfers (debits) from the account identified in Section 3 below to my HSA Deposit Account at UMB Bank, n.a., according to the frequency, amount and other information set forth in Section 2 below.

Section 1. Personal Information of HSA Owner	**Section 2. UMB HSA Deposit Account to be Credited**
Your name:	HSA Account Number:
Home Address:	In the event that the HSA account number at UMB Bank is unknown at the time this form is completed, Applicant authorizes IHC Health Solutions to complete this section with Applicant's UMB HSA account number in order to effectuate this Authorization.
City: State: Zip:	
Home phone:	
Daytime phone:	
E-mail address:	
***You must notify IHC of any change to your home address.**	

Section 3. Account to be debited to make HSA contributions	
Name of bank:	Account number to be debited:
City: State:	Type of account: ☐ Checking ☐ Savings
Bank Routing Number:	Amount to be transferred: $
Please verify all information in Section 3 carefully.	Frequency: **1st Banking day of the Month (only)**

The Applicant signing below hereby certifies that: (1) all the information in this Authorization is complete and accurate; and (2) the Applicant has the right to debit the account to be debited, identified in Section 3. Applicant agrees to indemnify and hold IHC Health Solutions and UMB Bank, n.a., harmless for any damages arising from any error or inaccuracy contained in this Authorization.

Applicant must notify IHC Health Solutions at the above address IN WRITING if Applicant wishes to revoke or change this authorization. IHC Health Solutions has a reasonable period of time to effectuate this Authorization and any changes. Applicant also authorizes IHC Health Solutions to debit my HSA and to credit my other account as necessary from time to time to correct errors.

Applicant acknowledges receipt of a completed copy of this Authorization.

Applicant's signature:
Date signed:

Please attach a voided check from the Account to be debited to this Authorization.