

HRA/FSA Employer ACH Authorization Form

New Application
 Changes
 Renewal
 *No Changes
 *If no changes are being made, please complete section 1 & 5 and sign

HRA
 FSA



Section 1: Group Information

Legal Name of Company: _____

Trading as: _____

Is this a current account with GBS? YES NO

If YES – GBS Account Number: _____

Physical Address: _____

City: _____

State: _____

ZIP: _____



Section 2: Bank Information

Bank Name: _____

Contact Name: _____

Title: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Bank Account Number: _____

Bank Routing/Transit Number: _____

- Please attach a voided check or MICR code sheet from the bank with this ACH Authorization form. In addition, MediBank/MBIBenefits will submit a \$1.00 pre-note debit to the above mentioned account.
- The Advantage HRA Bank Account must be a checking account that includes overdraft protection. If a transaction is returned for insufficient funds, a \$25.00 fee will be assessed to the employer for each attempt.



Section 3: Banking Process

Debit Card Transactions (POS)

- Debit Card swipes are settled within 1-3 business days after the debit card is used.
- Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- "Daily Activity Statement" email is sent to administrative contact listed on the Advantage HRA Group Agreement. This email informs the employer of the funds being withdrawn from the account above.
- These transactions will appear on your monthly bank statement as MediBank or MBIBenefits.

Manual Claims

- Manual claims received at GBS are processed daily and checks/EOB's are generated on Fridays and mailed the following Wednesdays.
- Employers will receive a weekly Manual Claim Reimbursement Report for the total amount of manual checks being dispersed.
- The transactions will appear on your monthly bank statement as Group Benefit Services.



Section 4: Authorization

I hereby authorize MediBank/MBIBenefits and Group Benefit Services (GBS), to initiate ACH (Automatic Clearing House) fund transfers from the bank account identified above. The purpose of these fund transfers is to pay for eligible HRA expenses provided by the Employer's Advantage HRA Plan as defined by the signed GBS Advantage HRA Group Agreement date _____. All Point of Sale (POS) debit card transactions and funds for manual claims will be deducted via ACH directly from this bank account.

Employer Name: _____

Title: _____

Signature: _____

Date: _____



Section 5: No Banking/ACH Changes Authorization

I acknowledge that I am an existing GBS FSA/HRA Advantage Plan client and there are no banking changes to report since last year. My previous year's ACH Form remains in effect for this year's renewal.

Employer Name: _____

Title: _____

Signature: _____

Date: _____

Printed Broker Name: _____

Broker Signature: _____

Date: _____