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AUTHORIZATION AGREEMENT
FOR AUTOMATIC
CONTRIBUTIONS
(ACH DEBITS)

A ACCOUNT INFORMATION

Account Holder's Name:

HSA Account No.

Last Four Digits of Social Security No.:

B AUTHORIZATION FOR AUTOMATIC CONTRIBUTIONS

You may elect to have automatic contributions deposited into your HSA account from another bank account you own by filling out the following information:

Monthly contribution of \$ on the 1st* or 20th* of each month beginning

Please transfer funds from my account indicated below:

Checking Account No.:

Savings Account No.:

Bank Name:

City:

State:

Zip:

Routing No. (must be 9 digits in length):

Bank Telephone No.:

PLEASE NOTE: You must attach a voided check to this form to activate ACH Debits.

(We recommend the client verify the preceding information with their bank, and make sure the bank allows savings accounts to be debited for ACH transactions.)

This authority is to remain in full force and effect until Millennium Trust has received written notification from me of its termination or changes to information contained herein in such time and in such manner as to afford Millennium Trust a reasonable opportunity to act on it.

C ACCOUNT HOLDER'S ACKNOWLEDGEMENT AND SIGNATURE

Millennium Trust is authorized to credit my HSA account for the amount of the contribution when received, and to debit my account for any fees due for this service. I agree that I am responsible to insure that the amount listed above is in my bank account and that all fees associated with this transaction are also my responsibility.

Unless informed otherwise, Millennium Trust will assign any contribution received to the tax reporting year in which it is received. Client is responsible for calculating the proper contribution limitations to avoid excess contributions, and is responsible for excess contribution calculation fees and any penalties that may apply.

I agree that Millennium Trust may discontinue this service at any time, and that I am responsible for supplying to Millennium Trust accurate information concerning my Depository, including the bank routing/transit/ABA number, and my account number and type, and any changes to this information which may occur in the future.

Account Holder's Signature: _____ Date:

