



**Group Health Savings Account (HSA)
Banking Registration
Authorization Agreement for ACH Transactions**

This form is to be completed, signed, and dated by a corporate officer of your business who has the legal authority regarding your company's bank accounts.

Group Name: _____

Group Address: _____

Group Bank Name: _____

Bank ABA Number (9 Digit Number): _____

Group Checking Account Number: _____

By completing this form with my signature and date, I authorize Highmark Blue Cross Blue Shield Delaware (Highmark DE) to ACH debit the above bank account to obtain funds to be used for HSA contributions into the HSA accounts of employees. Any such ACH debits will be based on instructions my group has provided to Highmark DE via the Employer Portal of the Highmark DE web site. My authorization also permits Highmark DE to ACH credit this account if necessary.

I understand that if any of the banking information changes, it is the group's responsibility to notify Highmark DE in writing by submitting a new **Group HSA Banking Registration** form at least 5 business days prior to providing instructions to complete an ACH debit.

Signature: _____ Date: _____

Should you have any questions regarding your ACH payments, please feel free to contact the Flexible Benefits Department at hsa@bcbsde.com or by telephone at 800.559.3539.