

Employer Benefit Plan Authorization for Disbursement of Funds

(All fields are required. **Please Print!**)

Company Name: _____

The undersigned Company representative hereby authorizes Savers Administrative Services to disburse funds from the following Company account and for the Company's financial institution named below to debit the same to such account.

Type of account: Checking Savings

Financial Institution: _____

Branch: _____ City: _____ State: _____

Account Number: _____

Be sure to include all digits in the account number. Any leading or trailing zeros are required

Bank Routing Number: _____

Typically, this will be a 9-digit number.

This account will be referred to as your benefit plan "Funding Account." Your Funding Account information will be entered into the benefit payment system. If your benefit plan includes employee benefit cards (MasterCard), the payment system will "point" the individual card transactions to your Funding Account each time one of your plan participants uses his/her benefit card, and the transaction funds will be debited directly from your Funding Account. In addition, whenever Savers processes a participant's manual claim a live check, drawn on your Funding Account, will be issued and mailed directly to the plan participant.

The bank account funds that are paid out under your benefit plans are always under the control of the employer. For FSA Plans, as the employer withholds FSA deductions from the participating employee payroll accounts, the employer is responsible for depositing or crediting those funds to the benefit plan Funding Account. For HRA Plans the employer is responsible for ensuring that the Funding Account is properly funded to cover plan reimbursements.

For FSA Plans, Savers recommends that your Funding Account always have a balance that's equal to at least three months' worth of total FSA payroll deductions (for both medical and dependent care accounts) for all active participants in the given Plan Year. Since the standard FSA Plan Year is 12 months in length, the easiest way to determine the recommended minimum balance for your FSA Funding Account is to total all the annual election amounts for all plan participants in the given Plan Year and then divide that total by four.

To help you manage your Funding Account the designated contact person at your company will receive regular reports via email from Savers advising you of bank transactions associated with the employee benefit cards, where applicable, and of any manual FSA and/or HRA claims processed by Savers.

Note: If your plan includes the employee benefit cards (MasterCards) you will see a \$1.00 pre-note transaction from "MBI Bank" after Savers enters your Funding Account information into the benefit payment system. Please allow this transaction to go through; it is used by the payment system to confirm and activate your new payment account settings.

This Authorization for Disbursement of Funds authority will remain in full force and effect until Savers Administrative Services has received written notification from the Company of its termination in such time and in such manner as to afford Savers Administrative Services a reasonable opportunity to act on it.

Authorized Representative (print name): _____

Title: _____ Date: _____

Authorized Signature: _____

Attach a voided check here.

If a check is not available (for example, some savings accounts), the Company is responsible for verifying that the correct routing/transit number has been obtained from the bank or financial institution. An incorrect routing/transit number and/or account number will result in rejected transactions. This will delay transaction processing and result in a service fee of \$25.00 for each rejected transaction.



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