



**AUTOMATED GROUP CLEARING HOUSE (ACH)  
ONLINE AUTHORIZATION AGREEMENT**

(To be used by Further groups)

**Group Information**

Group Name: \_\_\_\_\_ Further Group # \_\_\_\_\_

Group Location (if applicable): \_\_\_\_\_  
(If you wish to have different ACH accounts by location, complete one form for each location)

**ACH Authorization**

We hereby authorize Further to charge our bank account through the Automated Clearinghouse (ACH) for:

- Payment for claim reimbursements (FSA, HRA)
- Contributions (HSA, VEBA)
- Administrative fees

Effective Date: \_\_\_\_\_

Please allow 10-15 business days from the date your form is received by Further for your request to be processed.

**Bank Information**

Bank Name: \_\_\_\_\_

Bank Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_

(The bank ABA number is the nine-digit number located in the lower left corner of your check or savings deposit slip.)

Bank Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

**Signature**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Questions? Call Group Leader Services at 1-888-460-4013.

**Send via secured email only:**  
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