



ACH ADDENDUM

If you wish to have different ACH accounts assigned to different Further locations, please complete this form and include it with your Plan Design Guide. If you wish to have multiple Further locations, also complete the Locations Addendum (F8928) if not previously completed.

Group Name _____ Group Number _____

Please list the group location name(s) that should be set up with the following ACH information:

I hereby authorize Further to utilize our bank account for this location(s) through Automated Clearinghouse for the following activities: Claim Reimbursements HSA Contributions Administration Fees

The following bank account information is provided to Further for initiation of this procedure:

Bank Name _____ Type of Account: Checking Savings
Bank Location/Branch _____
Bank ABA Number _____ Bank Account Number _____

Please list the group location name(s) that should be set up with the following ACH information:

I hereby authorize Further to utilize our bank account for this location(s) through Automated Clearinghouse for the following activities: Claim Reimbursements HSA Contributions Administration Fees

The following bank account information is provided to Further for initiation of this procedure:

Bank Name _____ Type of Account: Checking Savings
Bank Location/Branch _____
Bank ABA Number _____ Bank Account Number _____

SIGNATURE

Signature _____ Date _____

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

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