



**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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