



STERLING HSA®
HEALTH SERVICES ADMINISTRATION

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Sterling Health Services Administration ACH Authorization Form

Credit / Debit Authorization Form

I (we) hereby authorize Sterling Health Services Administration and/or Fidelity National Information Services (debit card processor) to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. All entries are related to the HRA/HSA/FSA accounts our company has established with Sterling Health Services Administration. This authority will remain in effect until Sterling Health Services Administration is notified by me (us) in writing to cancel it in such time as to afford Sterling Health Services Administration and the financial institution named below a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name of Authorizing Employer - PLEASE PRINT)

(Address of Authorizing Employer - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

(Please note that if you are establishing this ACH agreement associated with your Health Reimbursement Arrangement (HRA) with Sterling, do not fill in a "set amount" or "maximum amount" to ACH. These amounts are defined by your HRA plan document.)

Financial Institution Routing Number: _____

Checking / Savings Account Number: _____

The financial institution routing number and your account number can be found on your check or by contacting your financial institution.