



ACH Authorization Form

Email: erssetup@anthemcdh.com

Fax: (978) 856-6604

If Faxing, number of pages



##24T01902#####

Section A: Contact Information (*required fields)

Employer Name* Employer/Case ID*

Employer Address*

City, State, Zip*

Section B: ACH Authorization

Plan Type:

- | | | |
|---------------------------------|------------------------------------|------------------------------|
| All Plans | Health Reimbursement Account (HRA) | Health Savings Account (HSA) |
| Flexible Spending Account (FSA) | Dependent Care Account (DCA) | Transit and Parking |

Employer **HEREBY** authorizes Anthem or its agents to initiate ACH transfer entries for the following depository:

Bank Account Number Routing Number

Bank Name Type of Account: Checking **or** Savings

Name of Authorized Signer Title of Authorized Signer

Signature/e-Signature

E-mail Contact

Please note there is a \$1 pre-note to ensure the account can be opened. If there is a filter preventing unauthorized bank entries, please see the filters to add below. These must be added.

SUBMITTING BANK (ODFI): **FOR NON-HSA:** BMO HARRIS BANK COMPANY NAME (ACCOUNT NAME): Med-I-Bank ROUTING NUMBER: 075000051
ORIGINATION ID: 07500005 COMPANY ID (Daily POS Settlements): 1383261866 COMPANY ID (RESUBMITS): W383261866 COMPANY ID: 3333313100.
FOR HSA ITEMS: UMB: ROUTING NUMBER: 101000695 UMB BANK COMPANY ID (ORIGINATION ACH FILE): 1440194180 COMPANY ID (GL ACH FILE): 3440194180
PNC: ROUTING NUMBER: 031000053 PNC BANK COMPANY ID (PAYROLL FUNDING): 1221146430

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