Health Services Administrators
Insurance Benefits Made Easy

hsainsurance.com

Electronic Payment Request Form

New clients: Use this form if you wish to authorize HSA to deduct your initial payment and/or monthly payments directly from your checking account.

Client Information:

Client Name: _____ 6 Digit HSA Member #: _____

Select payment type:

- ☐ First month's payment
- ☐ Recurring monthly payment
- ☐ Both first month's payment and recurring monthly payment

If requesting recurring monthly payments, select date for withdrawals to start. All outstanding balances owed, including fees, will be transferred at that time.

☐ 15th of Current Month ☐ 24th of Current Month

☐ 15th of Next Month ☐ 24th of Next Month

Bank Information:

Bank Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Name on Account: _____

Routing Number: _____ Bank Account Number: _____

Authorization:

I (we) hereby authorize HSA to initiate debit entries for my (our) checking account and the depository named above, hereinafter called DEPOSITORY, to debit the same to such account. This authorization is to remain in full force and effect until HSA has received written notification from me (us) of its termination in such time and in such manner as to afford HSA and DEPOSITORY a reasonable opportunity to act on it. Note: all written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Authorized Signer _____ _____
Sign Name Print Name and Title

Authorized Signer (if more than one required) _____ _____
Sign Name Print Name and Title

Date: _____ Client Telephone: _____

Return Form

Please fax or secure email the completed form to: (781) 848-7020 or enrollment@hsainsurance.com
For changes to existing bank information, please contact Customer Service: (781) 228-2222.