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STERLING ADMINISTRATION ACH AUTHORIZATION FORM

WE MAKE
THE COMPLEX
SIMPLE

CREDIT / DEBIT AUTHORIZATION FORM

I hereby authorize Sterling and/or Bancorp MEDI Bank (debit card processor) to initiate entries to my 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 HSA/HRA/FSA/COBRA accounts that I have established with Sterling. This authority will remain in effect until Sterling is notified by me in writing to cancel it in such time as to avoid Sterling 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 Employee - PLEASE PRINT)

(Address of Authorizing Employee - PLEASE PRINT)

Account Type: _____ Plan Account _____ Transfer Request Date: _____
(i.e. HSA/HRA/FSA/COBRA) Number: (Enter only the 1st or 15th of the month)

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.