



# Banking Setup Form

## Overview


This form allows Employers to set up a new bank account or replace an existing bank account. EMPOWER requires that all Employers set up one bank account. All Accounts through EMPOWER (Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), and Health Savings Account (HSA)) must use the same bank account.

## Instructions

1. Complete the section below titled **Information**
2. Complete the second page titled **Authorization for ACH Debits/Credits**
3. Include a voided check image, spec sheet, or letter from the bank for the account on this form
  - a. Voided check image, spec sheet, or letter must list the same routing number and account number that appears on this form
4. For FSA and HRA only:
  - a. Complete the **Check Signature Form**
5. Return the completed form and voided check/spec sheet to [customerservice@empowerflex.com](mailto:customerservice@empowerflex.com) via secure email.

## Information

1) Company Name _____
2) Your Name _____
3) Name of Financial Institution _____
Branch Street _____
City _____ State _____
<b>For new Plans Only:</b>
4) Starting Check Number (only applies to FSA and/or HRA) _____ <i>EMPOWER will use a starting check number of 1 if no starting check number is supplied</i>
5) <input type="checkbox"/> Enable ACH capabilities for Plan Participants (subject to pre-screening from EMPOWER's bank)

 **To avoid auto-rejections, notify your bank that the below account will issue transactions against your account:**  
**Bank Name:** The Bancorp Bank  
**Bancorp Bank Identification Number:** 1050006509

The Bancorp Bank Payment Solutions Group

## **AUTHORIZATION FOR ACH DEBITS / CREDITS**

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**Depositor Name as Shown on Bank Records**

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**Checking Account Number/ Transit Routing Number**

(A voided check or spec sheet **must** be attached for this account)

**TO:** \_\_\_\_\_

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(Bank Address: Street, Box #, City, State and Zip Code)

Depositor authorizes The Bancorp Bank to present automated debits and credits to and from the above listed account as required to perform their responsibilities related to processing Depositor's benefit program. This authorization will remain in effect until revoked by Depositor in writing and until you actually receive such notice. Depositor agrees that you shall be fully protected in honoring any such ACH transaction.

Depositor agrees that your treatment of each such ACH transaction and your rights in respect to it shall be the same as if it were a check signed by Depositor.

I authorize payments to be withdrawn daily or weekly as needed.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

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**Signature of Depositor in Agreement with Bank Records**

Please update your ACH filter (on the above reference account) to grant access to The Bancorp Bank. The Bancorp Bank identification number is: **1050006509**.



## Check Signature Form

This form authorizes EMPOWER to issue claim reimbursement checks to Plan Participants for FSA or HRA Plans. EMPOWER issues checks printed with the signature as it appears below.

**!** Only complete this page for an FSA or HRA

### Instructions

All check signers for the account referenced in this form need to sign in the Signature Area box below.

#### Do:

Write Boldly and use as much of the Signature Area as possible.

If multiple signatures are required, align each signature vertically and place close together.

#### Do Not:

Do not write in small print. Small print must be enlarged digitally and will appear pixelated on printed checks.

Do not write outside the Signature Area line.

Do not place signatures side-by-side.

Do not leave extra vertical space between multiple signatures.

### Signature Area