



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 **Reimbursement Options Form**
 - b. Complete the **Check Signature Form**
5. Return the completed form and voided check/spec sheet to customerservice@empowerflex.com via secure email.

Information

1) Company Name _____
2) Your Name _____
3) Name of Financial Institution _____
Branch Street _____
City _____ State _____

 **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

Please note that EMPOWER charges the Employer a fee if there is an ACH rejection on this account (see the Administrative Services Agreement). It is important that this account is set up correctly and is adequately funded.

The Bancorp Bank Payment Solutions Group

AUTHORIZATION FOR ACH DEBITS / CREDITS

Depositor Name as Shown on Bank Records

Checking Account Number/ Transit Routing Number

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

TO: _____

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I authorize payments to be withdrawn daily or weekly as needed.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

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**.



Reimbursement Options

EMPOWER allows Employers to choose how employees get reimbursed. Please select the options that work best for your company.

! This page is for FSA and HRA Plans only. Skip this page if you do not have one of these Plans.

EMPOWERClassic

EMPOWERClassic is for Employers who want total control of their reimbursements. Under this option, EMPOWER does not reimburse employees directly and there is no Debit Card. Instead, EMPOWER emails a disbursement register to you once per week for you to pay claims. Please note that if you sign up for EMPOWERClassic, you do not need to fill out any other pages on this form.

Yes, I want EMPOWERClassic

Send disbursement register emails to _____

Send disbursement register emails on Monday Tuesday Wednesday Thursday Friday

Yes, allow employees to sign up for Direct Deposit

Or

Fast Reimbursement Option

This option provides the following:

- Debit Cards for all FSA Participants (and some types of HRAs)
- Reimbursement checks sent by EMPOWER directly to your Participants

Yes, I want the Fast Reimbursement Option

Starting Check Number _____ EMPOWER will use a starting check number of 1 if no starting check number is supplied

Or

Fast Reimbursement Option with Direct Deposit

Subject to approval from EMPOWER's Banking Partner

This option provides the following:

- Debit Cards for all FSA Participants (and some types of HRAs)
- Reimbursement checks sent by EMPOWER directly to your Participants for those not enrolled in Direct Deposit
- Participants can set up their bank account on the EMPOWER Online Portal to enroll in Direct Deposit

Yes, I want the Fast Reimbursement Option with Direct Deposit

Starting Check Number _____ EMPOWER will use a starting check number of 1 if no starting check number is supplied

Company Owner Name _____

! If the Fast Reimbursement Option with Direct Deposit is selected, it is possible that a reimbursement deposit could get rejected (a closed account, for example). For each ACH rejection, EMPOWER will bill the Employer \$30.



Check Signature Form

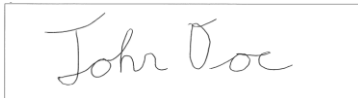
This form authorizes EMPOWER to issue claim reimbursement checks to Plan Participants for FSA or HRA Plans. EMPOWER issues checks printed with the signature as it appears below.

! Only complete this page for an FSA or HRA

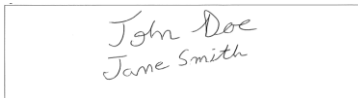
Instructions

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.

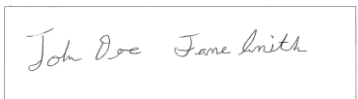
Do Not:



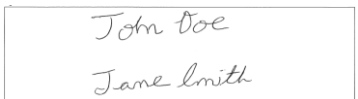
Do not write in small print. Small print must be enlarged digitally and will appear pixelated on printed checks.



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