

Member Electronic Transfer of Funds Form



EMAIL MAIL COMPLETED FORMS TO:

Email: support@starthealth.com

Mail: Start, Attention: HSA Operations

PO Box 709718 Sandy, UT 84070-9718

Authorization for Electronic Transfer of Funds

Complete this form if you wish to set up an account to use for electronic transfer of funds (EFT) for payments or reimbursements from Start.

Instructions:

1. Complete the Account Holder Information section
2. Complete the Banking Information section
3. Submit this form and a copy of a voided check to verify banking information
4. Retain a copy of this form.

Primary Account Holder Information

Last Name	First Name	M.I.	
Street Address	City	State	ZIP
E-Mail Address (required)	Daytime Phone ()	Last 4 of SSN or Start ID Number (6 or 7 digits)	

Person Authorizing Transfer (Name on check)

Name (please print)	Signature	Date
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Banking Information

Account Type: Checking Savings

Financial institution: _____

9-digit routing number: _____

Account number: _____

Form must be accompanied by an actual or a copy of a voided check.

Note: Some non-transactional accounts may not be used. Please check with your financial institution for verification of debits.

Your Name
123 Main Street
Any Town, USA 54321

1234
98-123-1/4359

_____ 20 _____

Pay to the order of _____ \$ _____ Dollars

Your Financial Institution
400 Countrywide Way
Sims Valley, Ca 93065

For _____

1 2 2000 78 9 0 123456789 1234

Routing Number Account Number Check Number
(Do not include)

Attach check or copy of check here.

