

## Authorization Agreement for One-Time ACH for Outbound HSA Bulk Transfers

Employer requested that Aptia in cooperation with WEX Health, Inc. (WEX) transfer HSA funds currently administered by WEX for the Employer's HSA plan participants ("HSA Funds") to its new Third Party Administrator ("TPA") as detailed below. Upon completion and return of this form to WEX, and subject to applicable laws, WEX agrees to initiate an ACH to the Account in the amount equal to the total HSA Funds currently administered by WEX for the Employer. This authorization is a onetime ACH authorization agreement for bulk transfer of HSA funds. A new form is required for any additional ACH transfers in the future.

**Note:** All fields are required

### Step 1: Employer Information

<input type="text"/>	<input type="text"/>
Employer Name ("Employer")	Tax ID Number

### Step 2: Depository, Account, and New TPA Information

<input type="text"/>	<input type="text"/>		
Financial Institution Name ("Depository")	Branch		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Phone Number	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Routing Number (should be nine digits)	Account Number ("Account")		
<input type="text"/>	<input type="text"/>		
Name of the new TPA			

### Step 3: Depository, Account, and New TPA Information

To authorize an ACH for the HSA Funds transfer to the Account, prior to the transfer date, the TPA and/or Employer agree to contact the Depository and provide the Origination Company Name and ID Number listed below. Failure to provide this information to the Depository or if ACH dollar limits are set by the Depository, may cause ACH errors and delays. Employer and TPA agree to reimburse WEX for any costs incurred by WEX due to failure to provide this information to the Depository prior to the transfer date.

**Origination Company Name & ID: WEX Health, Inc. (Aptia) — 990005855A**

### Step 4: Authorization

TPA hereby authorizes Aptia in cooperation with WEX to initiate credit entries to the Account for transferred HSA funds. TPA represents that the requested HSA Funds transfer will be processed in compliance with applicable laws, regulations and rules, including without limitation the National Automated Clearing House Association (NACHA) operating rules.

<input type="text"/>	<input type="text"/>
TPA Representative Name and Signature	Date

Employer agrees to defend, indemnify and hold Aptia harmless from any and all liability, costs, damages and reasonable attorney's fees arising out of the requested HSA Funds Bulk Transfer.

<input type="text"/>	<input type="text"/>
Employer Representative Name and Signature	Date