

Member Electronic Transfer of Funds Form

Mail or fax completed forms to:

Address: HealthEquity, Attn: Member Services
PO Box 14374, Lexington, KY 40512

Fax: 801.727.1005

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 HealthEquity.

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 HealthEquity ID Number	

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.

The diagram shows a check with the following fields labeled below:

- Routing Number:** 1 2 2000 78 9
- Account Number:** 0123456789
- Check Number:** 1234 (Do not include)

Other check details shown include: Your Name (123 Main Street, Any Town, USA 54321), Pay to the order of, Dollars, and Your Financial Institution (400 Countrywide Way, Simi Valley, Ca 93065).

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

Attach check or copy of check here.