



Health Savings Account (HSA)
ACH Authorization

HSA OWNER INFORMATION

Name \_\_\_\_\_ HSA Account Number \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Social Security Number (SSN) \_\_\_\_\_
Daytime Phone Number \_\_\_\_\_

ACCOUNT TO DEBIT (please attach copy of voided check below)

Financial Institution Name: \_\_\_\_\_
Financial Institution Address: \_\_\_\_\_
Financial Institution City, State, Zip: \_\_\_\_\_
Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

ACCOUNT TO CREDIT

First Horizon Routing Number: \_\_\_\_\_ HSA Account Number: \_\_\_\_\_

TRANSFER FREQUENCY (SELECT ONE)

One-time only authorization \_\_\_\_\_ Amount of Contribution: \_\_\_\_\_
Recurring \_\_\_\_\_ Start After Date: \_\_\_\_\_ Amount of Contribution: \_\_\_\_\_
Weekly: Monday Tuesday Wednesday Thursday Friday
Bi-Weekly: Monday Tuesday Wednesday Thursday Friday
Monthly: Date of the Month: \_\_\_\_\_

SIGNATURE

I hereby authorize First Tennessee Bank National Association ("FTBNA") or First Horizon Bank, a division of FTBNA ("Bank"), to initiate debit entries from my checking or savings account(s) at the financial institution listed above, and if necessary, debit or credit entries for adjustments due to error. This authorization is to remain in full force and effect until Bank receives written notification from me in such time and in such manner as to afford Bank a reasonable opportunity to act on it. You acknowledge that you are the owner on the account entered in this form.

X
Signature of HSA Owner \_\_\_\_\_ Date \_\_\_\_\_

ATTACH VOIDED CHECK HERE

Please complete and return to: First Horizon M saver, P.O. Box 26106, Shawnee Mission, Ks 66225.

Fax: 877-624-0299 or 913-317-2015