

New client? Please forward the completed form to our Onboarding team at onboarding@flytehcm.com.
Current client? Please upload your completed form to <https://portal.flytehcm.com> or by email to clientservices@flytehcm.com.
If you have any questions, please email accounting@flytehcm.com or call 952.746.0000.

Employer Information

Company Name _____ Company Contact _____ Contact Email Address _____

Bank Account Information

If the account information below changes, it is your responsibility to notify Flyte HCM by completing and forwarding a new form.

Account Purpose: Health Savings Account Contributions Initial Plan/Service Setup Fees
 Reimbursement Plan Funding Ongoing Administration/Service Fees

Bank Name _____
Required - Name of Bank From Which Funds Will Be Drawn

Routing Number _____
Required - Nine-Digit Routing Number

Account Number _____
Required - Employer Account Number

Account Notes _____
Optional - Division name, if funds are specific to each division, or other pertinent details

A copy of a voided check (if checking account) or printout of account information from the financial institution MUST be submitted with this form.

Account Authorization

I (we) authorize Flyte HCM to electronically debit the above account and, if necessary, electronically credit the account to correct erroneous debits. These transactions may vary in amount depending on the above stated purpose, but will occur on a schedule set in agreement between this company and Flyte HCM. I (we) understand that this authorization will remain in full force and effect until I (we) notify Flyte HCM in writing or with a new **ACH Information & Authorization** form that the authorization is revoked. I understand that Flyte HCM requires at least five (5) business days prior notice in order to cancel this authorization.
I (we) understand that if an ACH debit initiated by Flyte HCM is rejected for any reason, such as failure on our part to approve the ACH transfer or insufficient funds, we will be billed for the cost of that rejection. I (we) also understand that our plan(s) will be placed on hold until a wire transfer for the full amount of the rejected ACH transfer is made to Flyte HCM and the returned ACH fee has been paid.

Signature of Authorized Contact _____ Name of Authorized Contact (printed) _____ Date _____

Please update your ACH filter for the account above to grant access to Flyte HCM. The Flyte HCM identification numbers to add to your filter are 0824722376 and 1824722376. You will receive an HSA Funding Collection Notification and/or Claims Reimbursement Notification as funds are debited from your account - please use these reports to ensure your filters will allow for the scheduled transfers to be debited from your account(s).

This form is for Flyte HCM's exclusive use only. Flyte HCM will not share this information with any vendor or partner without express written consent.