

# MEMBER ELECTRONIC TRANSFER OF FUNDS FORM



Email, fax, or mail completed forms to:

Email: hsaoperations@motivhealth.com Fax: 844.533.1289 Mail: MotivHealth, 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 MotivHealth.

### 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:
Email Address (required): ( )	Phone:	Last 4 of SSN or MotivHealth 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
Pay to the order of _____	\$ _____
Your Financial Institution 400 Countrywide Way Simi Valley, Ca 93065	Dollars
For _____	_____
1 2 2000 78 9	0123456789
Routing Number	Account Number
	Check Number (Do not include)

Attach check or copy of check here.

