



**STERLING HSA®**

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# **Sterling Health Services Administration ACH Authorization Form**

## **Credit / Debit Authorization Form**

I (we) hereby authorize Sterling Health Services Administration to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. All entries are related to the HRA/HSA accounts our company has established with Sterling Health Services Administration. This authority will remain in effect until Sterling Health Services Administration is notified by me (us) in writing to cancel it in such time as to afford Sterling Health Services Administration and the financial institution named below a reasonable opportunity to act on it.

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(Name of Financial Institution)

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(Address of Financial Institution - Branch, City, State, & Zip)

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(Signature)

(Date)

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(Name of Authorizing Employer - PLEASE PRINT)

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(Address of Authorizing Employer - PLEASE PRINT)

Set Amount: \_\_\_\_\_ or Maximum Amount: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Checking / Savings Account Number: \_\_\_\_\_

The financial institution routing number and your account number can be found on your check or by contacting your financial institution.