

NueSynergy Administration

ACH AUTHORIZATION & SIGNATURE VERIFICATION



If NueSynergy is drafting manual reimbursements and/or initiating direct deposits as part of our FSA administrative services, we need proof of authorization as both a protection for our client and NueSynergy.

Based on the services we perform for your company, the following sections need to be completed:

1. **Section One:** ACH Authorization (grants NueSynergy permission to process ACH debit/credit entries)
2. **Section Two:** Signature Verification (authorizes NueSynergy to draft checks with the signature of an approved company representative)
3. **Section Three:** Banking filter information: This filter information needs to be added to your bank account
4. **Section Four:** Disclosures

SECTION 1: Authorization Agreement for Direct Payments (ACH Debits)

Employer			
Bank Name			
Bank Routing Number		Account Number	
Finance Department Contact Email			

I hereby authorize NueSynergy to initiate debit entries from the financial institution and corresponding account listed above and, if necessary, debit or credit entries for adjustments due to error in association with the FSA administration services. This authorization is to remain in full force and effect until NueSynergy receives written notification that such authorization has been revoked and has a reasonable opportunity to act on it. NueSynergy has the right to terminate or suspend the agreement for breach of ACH Rules within 10 days. NueSynergy also has the right to audit the Client's compliance with this Agreement and the ACH Rules.

PLEASE ATTACH A COPY OF A VOIDED CHECK FROM YOUR BANK ACCOUNT.

Print Name		Date	
Signature			

SECTION 2: Signature Verification

The following signature should be printed on all FSA reimbursement checks for the above company. Please submit or attach a copy of a Signature Card from your financial institution that corresponds with the signature below acknowledging that the facsimile signature is authorized with your Financial Institution.

Please use a **black felt tip pen** when signing for best reproduction results.

Print Name		Date	
Signature			

Section 3: Bank Filter Information

For Manual Claim Direct Deposit Settlement	
Submitting Bank (ODFI)	Bank of Blue Valley
Company Name (Account Name)	NueSynergy, Inc.
Company ID	1 (followed by Client Tax ID)
Client Tax ID	

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For Pre-Note and Debit Card Settlement	
Bank Name:	BMO Harris Bank N.A.
Routing Number: 075000051	075000051
Origin ID:	07500005
ACH Company Name:	MEDIBANK ACH
Company ID:	1383261866

Manual Claim ACH Return Resubmits	
Bank Name:	Bank of Blue Valley
Routing Number:	101101950
Tax ID:	46-0553674
ACH Company Name:	NueSynergy, Inc.
Company ID:	1460553674

SECTION 4: Disclosures

Bank Account Filters

It is common for financial institutions to provide a bank account filter for commercial bank accounts. A filter aids in blocking ACH debits not approved by the bank account owner. If the bank account owner has established a filter, this below information should be provided to them in order for ACH debits to occur on behalf of card settlement.

Important:

1. It is important to remember that there is a \$1.00 ACH debit performed at the creation of each bank account loaded within our platform to ensure that it is a valid bank account. Please ensure that the bank account is active and there is at least \$1.00 in the account at the time the employer banking account information is provided. This \$1.00 debit is non-refundable.
2. All returned ACH's are subject to a return fee of \$25 per rejection. NueSynergy will provide timely information should an ACH debit be rejected, and will resubmit the ACH debit. If funds are not made available to pay the ACH debit, NueSynergy reserves the right to temporarily cease the payment of claims under the Clients Plan until funds are paid.