

Liberty Savings Bank
Attn: HSA Department
2323 Stickney Point Rd.
Sarasota, FL 34231
Fax To: 941.756.3893

HSA Employer Setup Form



COMPANY INFORMATION

Company Name Employer Identification Number

Mailing Address

City State Zip

Contact Name Contact Phone Number

Contact Email Address

Secondary Contact Name Contact Phone Number

Contact Email Address

PLAN INFORMATION

of Employees Number of HSA Participants Enrollment Start Date

Health Insurance Carrier Health Insurance Agent

Broker Name Agency Name

Mailing Address

City State Zip

PLAN INFORMATION

The company can offer employees a single product or allow them to choose between products.

Account(s) To Offer	Liberty HSA Plus	Liberty HSA Basic
	Employer Paid	Employer Paid
	Employee Paid	Employee Paid
	Employer Pays Half	

BANK ACCOUNT INFORMATION

Contributions to employee accounts will be automatically debited from an Operating Account set up by the Company for contributions to employee accounts.

Financial Institution Name Routing Number

Checking Account Number

COMPANY USER INFORMATION

Employer user(s) will be established for the purpose of creating employee contributions and verification info will be collected to confirm your identity if you call us for assistance.

User Name 1 Telephone Number

Email Address

Date of Birth Mother's Maiden Name Last 4 of SSN

User Name 2

Telephone Number

Email Address

Date of Birth

Mother's Maiden Name

Last 4 of SSN

ADDITIONAL INFORMATION

Will the employer make contributions to the employees' HSA accounts?	Yes	No		
How often will contributions be made?	Weekly	Bi-Weekly	Monthly	Other
Do you have a Section 125 plan in place?	Yes	No		
Will employees contribute to their accounts via payroll deduction?	Yes	No		
If yes, how often will these contributions be made?	Weekly	Bi-Weekly	Monthly	Other
Will employees be making a transfer or rollover into the new account?	Yes	No		

AUTHORIZED SIGNATURE

Signature _____
Name _____ Title _____

Date _____

Signature _____
Name _____ Title _____

Date _____

Bank Use Only:

Employer ID: _____ Sales Executive: _____

Pricing Model: _____

Other Notes: _____

Employee Completing Setup: _____

ACH Payment Authorization Form

By signing this form you authorize Liberty Savings Bank to process recurring ACH transactions to your business account. Debits and credits (entries) applied to your account will be based on regular contributions you initiate. Entries will be applied to your funding account two business days prior to the effective date of contributions. In the event the designated date is a federal holiday or weekend, the entry will be applied the next business day.

_____ authorizes Liberty Savings Bank to debit or credit its business bank account indicated below on the (assigned date) each month.

Company Name on Account:

Bank Name:

Bank Account Number:

Bank Account Type: Checking Savings

Bank Routing Number:

Bank City/State:

This business account is ENABLED for ACH Transactions Yes No

Signature: _____ Date: _____

Printed Name: _____ Title: _____

I certify that I am an authorized representative of the Company indicated above and that I have the authority to authorize these transactions on the Company's behalf. Company understands that because this is an electronic transaction, you will have limited time to report errors. In the case the transaction is refused for insufficient (NSF) or unavailable funds, Liberty Savings Bank may at its discretion attempt to process the charge again within 30 days, and Company agrees to an additional \$37.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. Company has certified that the above business bank account is enabled for ACH transactions. Both parties agree to be bound by the NACHA Operating Rules as they pertain to these transactions. Company acknowledges that the origination of ACH transactions to its account must comply with the provisions of the U.S. law. Company agrees not to dispute this transaction with the bank provided the transaction corresponds to the terms indicated in this authorization form.