



FlexBank HSA FINANCIAL ARRANGEMENTS

NAME _____

WPCU Account Number: _____

FOR PAYMENT OF HSA ADMINISTRATION FEES

I hereby authorize FlexBank, Inc. to withdraw \$2.00 per month for payment of HSA administration fees. I understand the fee will be deducted on the first business day following the 25th of the month.

NAME OF FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ROUTING NO: _____ ACCOUNT NO: * _____

AUTHORIZED BY _____ DATE _____

*** Fees cannot be deducted from the Health Savings Account.**