



**HEALTH SAVINGS ACCOUNT (HSA)
TRANSFER OF FUNDS AUTHORIZATION
(FOR DEPOSIT ONLY)**

I authorize Exante Bank to initiate and adjust electronic transactions from the bank account named below ("Bank Account Number to Debit") to my Exante Bank Health Savings Account (HSA) named below. Such transactions are made through regional automated clearing house ("ACH") associations, and are subject to the operating rules and regulations of the National Automated Clearinghouse Association ("NACHA").

I understand that I may revoke this authorization by giving at least sixty (60) days written notice of cancellation to Exante Bank at the address listed below, and that the revocation will not apply to transactions initiated prior to the Bank's receipt of the notice, or to any adjustments to previous transactions. I represent that I am the owner of the account named below and that I have the legal right to provide this authorization.

Exante Bank Account Holder Name	Exante Bank HSA Account Number to CREDIT
Amount of Transaction	Frequency: (Select One) <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
Name of Bank to Debit	Bank Account # to DEBIT (Account must match the Exante Bank account ownership)
Bank Routing Number	Start Date Note: Start date must be at least 30 days after receipt of this form)

X _____
Account Holder Signature

Daytime Phone Number

Date

If you have questions, please contact our Customer Service Department at 800-791-9361.

Fax this form and a copy of a voided check from the account that is to be debited to 866-314-9795.

Or mail to:
Exante Bank
P.O. Box 271629
Salt Lake City, UT 84127-1629