

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Kathy Blackwell TODAY'S DATE: 9/30/2022

DEPARTMENT: Treasurer

SIGNATURE OF DEPARTMENT HEAD: *Kathy M Blackwell*

REQUESTED AGENDA DATE: 10/11/2022

SPECIFIC AGENDA WORDING:

Consideration to approve the Alerus Electronic Funds Authorization Agreement and give the County Judge authorization to sign.

COMMISSIONERS COURT

OCT 11 2022

Approved

PERSON(S) TO PRESENT ITEM:

Kathy Blackwell

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 1 min

(Anticipated number of minutes needed to discuss item)

ACTION ITEM:

WORKSHOP:

CONSENT:

EXECUTIVE:

STAFF NOTICE:

COUNTY ATTORNEY: ✓

AUDITOR: ✓

PERSONNEL: ✓

BUDGET COORDINATOR:

IT DEPARTMENT:

PURCHASING DEPARTMENT:

PUBLIC WORKS:

OTHER:

This Section to be completed by County Judge's Office

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE:

COURT MEMBER APPROVAL: _____

DATE: _____

ALERUS

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATIONS AUTHORIZATION FOR ACH DEBIT | WITHDRAWAL AUTHORIZATION FOR EMPLOYEE BENEFIT PLANS

Employer Name Johnson County, Texas	Division (if applicable) County Judge
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BENEFITS

Please choose each benefit that will be effected.

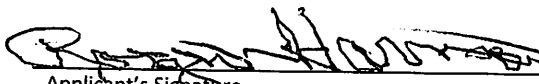
- Flexible Spending Account (FSA) Health Savings Account (HSA)
 Health Reimbursement Arrangement (HRA) Voluntary Employees Beneficiary Association (VEBA)
 Parking/Transit

AUTHORIZATION FOR ACH DEBIT

This agreement authorizes Alerus Retirement and Benefits (Alerus) to initiate periodic pulls from the account of Johnson County, Texas (Company) for the purpose of paying employee and/or employer contributions submitted for the HSA, and/or paying claims submitted for reimbursement under the Company-sponsored FSA and/or HRA plan. These charges, made electronically through the Automated Clearing House (ACH), may vary from week to week based on HSA contribution files submitted or approved by Company, and/or FSA/HRA reimbursement requests submitted by employees of Company. Alerus will notify Company of the ACH pull amount by email a minimum of one business day prior to the pull occurring. Company will contact Alerus immediately if they contest to the amount scheduled to be pulled.

All transactions, including changes, corrections, reversals, etc., will be handled under the ACH Rules as published by the Upper Midwest Automated Clearing House Association.

This agreement will remain in effect until either Alerus or Company cancels it by notifying the other in writing. Such cancellation must be at least three banking days prior to the next scheduled transaction in order to afford the intermediary financial institutions a reasonable opportunity to act upon it.

 Johnson County Judge 10-11-22
Applicant's Signature Title Date

Name of Bank First Financial Bank	Bank Routing/Transit Number 111301122	Account Number 41110143389	Account Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
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NOTE: Update your ACH filter (on the above reference account) to grant access to Alerus.
The identification numbers you will need to provide are **1411737003** and **5411737003**.

REQUIRED: Please return this form along with a **voided check**. A deposit slip will not be accepted.

SUBMIT REQUEST

Mail to: **Alerus Retirement and Benefits**, ATTN: Health Benefits Department, P.O. Box 64535, St. Paul, MN 55164-0535
Email to: healthbenefits@alorus.com