

GRISWOLD BOARD OF EDUCATION
HEALTH SAVINGS ACCOUNT
PAYROLL DIRECT DEPOSIT AUTHORIZATION

I, _____, authorize the Griswold Board of Education to deposit its contribution to my health savings account, and any additional amount specified below, automatically to the account specified below each payday, by initiating credit entries to my account electronically or by any other commercially accepted methods. I also authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institutions to debit the same to my account. This authorization will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford the Griswold Board of Education and the financial institution reasonable opportunity to act on it.

You MUST be an owner or co-owner of an account in order to electronically transfer funds into that account. Bank service charges may be associated with your account. Contact your financial institution to determine these charges. The Griswold Board of Education is not responsible in any way for these changes.

Employee Name _____

Signature _____ **Date** _____

Financial Institution _____

Branch Address _____

Routing Number _____

Account Number _____

*****Please attach a voided check or a letter from your bank that confirms this information. The request will not be processed without this.***

Complete this section ONLY if you would like to have a set amount of your pay deposited into your HSA:

_____ Please begin a deposit of \$ _____, effective _____

_____ Please change the deposit amount to \$ _____, effective _____

_____ Please cancel my deposit effective _____