

HEALTH SAVINGS ACCOUNT

Imlay City Schools

Authorization Agreement for Automatic Payroll Deductions

Employee Information

(Name) (Soc. Sec. #)

(Street) (City) (Zip)

Financial Institution Information

Financial Institution Name : TRI COUNTY BANK

Branch IMLAY CITY

Routing # 7240497-7

Account # _____

Deposit Amount \$ _____ Per Pay

I hereby authorize "IMLAY CITY COMMUNITY SCHOOLS" to deposit my payroll earnings into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date

Employee Signature

Office Use Only:

Deduction Code: HSA

Paycheck start date: _____