

H.S.A AUTHORIZATION FORM

(Health Savings Account)

I hereby authorize Ottawa County to initiate a payroll deduction in the amount of \$_____ per pay and to credit the same to such account with _____ to initiate, if necessary, debit entries

(Name of bank)

and adjustments for any credit entries in error to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Bank Name: _____

City, State, Zip: _____

Routing Number: _____

Account Number: _____

Type of Account: _____

This authority is to remain in full force and effect until Ottawa County has received **written notification** from me of its termination in such time and manner as to afford Ottawa and _____ a reasonable

(Name of bank)

opportunity to act on it.

Health savings accounts are governed by the IRS rules; as such changes can only be made in accordance to the IRS rules on health savings accounts.

Print Name: _____

Department: _____

Social Security Number: _____

Signature: _____

Date: _____