**Health Savings Account (HSA)
Direct Deposit Authorization**

Fixed Dollar Amount from Paycheck: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($20.00 minimum)

(Applicable only to those participating in the ACS High Deductible Health Insurance Plan)

Financial Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_ Branch/Ph. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a pre-printed bank document with both a routing and account number

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print employee name) authorize Aquinas Catholic Schools to make deposits into above account and to make correcting entries to deposits made in error each payday. This authorization will remain in full force and in effect until ACS Central Office receives written notification from me to change my direct deposit and has a reasonable opportunity to act on such notification. I understand that incorrect or incomplete information may delay this direct deposit request.

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_