

**AUTHORIZATION AGREEMENT  
FOR  
HEALTH SAVINGS ACCOUNT**

**I REQUEST THAT THE AMOUNT LISTED BELOW BE DEPOSITED AT:**

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**DEPOSIT TO ACCOUNT NO.** \_\_\_\_\_

**TRANSIT ROUTING/ABA #** \_\_\_\_\_



**Checking – Health Savings Account**

**Fixed Amount \$ \_\_\_\_\_ Per Paycheck**

\_\_\_\_\_  
Employee Name (PLEASE PRINT)

\_\_\_\_\_  
Employee Social Security #

**EAST WINDSOR PUBLIC SCHOOLS**

Company Name

**#06-1564048**

Company ID#

I (we) hereby authorize the deposit of the amount listed above by my employer in the account and financial institution indicated at the top of this page. Such deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification shall become effective following receipt, after a reasonable opportunity to act on it.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**