EFFECTIVE 7/1/17 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME	
TODAY'S DATE	
BANK NAME AND ADDRESS:	
BANK ACCOUNT NUMBER:	
CIRCLE ONE: CHECKING OR SAVING	
AMOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCO	UNT \$

EFFECTIVE 7/1/16 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME	
TODAY'S DATE	
BANK NAME AND ADDRESS:	
BANK ACCOUNT NUMBER:	
CIRCLE ONE: CHECKING OR SAVING	
AMOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCO	UNT \$

EFFECTIVE 7/1/15 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME	
TODAY'S DATE	
BANK NAME AND ADDRESS:	
	_
	_
	_
BANK ACCOUNT NUMBER:	_
CIRCLE ONE: CHECKING OR SAVING	
AMOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACC	COUNT \$

EFFECTIVE 7/1/14 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME	
ODAY'S DATE	
BANK NAME AND ADDRESS:	
BANK ACCOUNT NUMBER:	
CIRCLE ONE: CHECKING OR SAVING	
AMOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUNT \$	

EFFECTIVE 7/1/13 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME		
TODAY'S DATE		
BANK NAME AND ADDR	ESS:	
BANK ACCOUNT NUMBE	ER:	
CIRCLE ONE: CHECKIN	NG OR SAVING	
AMOUNT TO BE DEPOSIT	TED PER PAY PERIOD INTO HEALTH SAVING	GS ACCOUNT \$

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

U.S. BANK: PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF BANK NUMBER

EFFECTIVE 9/1/12 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME		
TODAY'S DATE		
BANK NAME AND ADDR	ESS:	
	9	
	_	
BANK ACCOUNT NUMBE	ZR:	
CIRCLE ONE: CHECKIN	IG OR SAVING	
AMOUNT TO BE DEPOSIT	TED PER PAY PERIOD INTO HEALTH SAV	INGS ACCOUNT \$

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

U.S. BANK: PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF BANK NUMBER

EFFECTIVE 9/1/12 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME		-
TODAY'S DATE		
BANK NAME AND ADDRESS:		
BANK ACCOUNT NUMBER:		
CIRCLE ONE: CHECKING OR SA		
CIRCLE ONE: CHECKING OR SA	VING	
AMOUNT TO BE DEPOSITED PER P	PAY PERIOD INTO HEALTH SAVIN	GS ACCOUNT \$

EFFECTIVE 9/1/11 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

MPLOYEE NAME
ODAY'S DATE
ANK NAME AND ADDRESS:

ANK ACCOUNT NUMBER:
IRCLE ONE: CHECKING OR SAVING
MOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUNT \$

EFFECTIVE 9/1/10 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

MPLOYEE NAME
DDAY'S DATE
ANK NAME AND ADDRESS:
ANK ACCOUNT NUMBER:
IRCLE ONE: CHECKING OR SAVING
MOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUNT \$

EFFECTIVE 9/1/09 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

MPLOYEE NAME
ODAY'S DATE
ANK NAME AND ADDRESS:
ANW ACCOUNT NUMBER.
ANK ACCOUNT NUMBER:
IRCLE ONE: CHECKING OR SAVING
MOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUNT \$
WOONT TO BE DELOSITED LEKTAT LEKIOD INTO HEALTH SAVINGS ACCOUNT \$

EFFECTIVE 9/1/08 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

EMPLOYEE NAME		
TODAY'S DATE		
BANK NAME AND ADDRESS	S:	
DANIZ ACCOUNT NUMBER		
BANK ACCOUNT NUMBER:		
CIRCLE ONE: CHECKING	OR SAVING	
AMOUNT TO BE DEPOSITED	PER PAY PERIOD INTO HEALTH SAVIN	GS ACCOUNT \$

EFFECTIVE 9/1/07 INSURANCE

HEALTH SAVINGS ACCOUNT

PAYROLL DIRECT DEPOSIT AUTHORIZATION (PRE-TAX DOLLARS)

IPLOYEE NAME	
DAY'S DATE	
NK NAME AND ADDRESS:	
NK ACCOUNT NUMBER:	
RCLE ONE: CHECKING OR SAVING	
OUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUN	T \$