

CENTERVILLE COMMUNITY SCHOOL DISTRICT

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 7/1/14

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 7/1/13

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

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

CENTERVILLE COMMUNITY SCHOOL DISTRICT

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 SAVING

AMOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

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

CENTERVILLE COMMUNITY SCHOOL DISTRICT

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 SAVING

AMOUNT TO BE DEPOSITED PER PAY PERIOD INTO HEALTH SAVINGS ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 9/1/11

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 9/1/10

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 9/1/09

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 9/1/08

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 9/1/07

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 ACCOUNT \$ _____

PLEASE ATTACH A DEPOSIT SLIP FOR VERIFICATION OF BANK NUMBER