

CENTERVILLE COMMUNITY SCHOOL DISTRICT

EFFECTIVE 7/1/19

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 VOIDED CHECK FOR VERIFICATION OF BANK NUMBER