



CITY OF TWINSBURG
AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS OF PAYROLL

HSA PAYROLL DIRECT DEPOSIT

I hereby authorize the City of Twinsburg to initiate credit entries and to initiate, if necessary, debit entries to adjust for any credit entries in error to my account indicated below and the depository named below to credit and/or debit the same to such account.

DEPOSITORY INFORMATION

YOU MUST ATTACH COPY OF VOIDED CHECK OR A DOCUMENT FROM YOUR BANK CONFIRMING YOUR ROUTING AND ACCOUNT NUMBER

Account Type - HEALTH SAVINGS ACCOUNT

Financial Institution Name: _____

Branch: _____

City, State & Zip: _____

Bank Routing Number: _____

Account Number: _____

I would like to have \$_____ deposited into this account each pay

This authority is to remain in full force and effect until the City of Twinsburg has received written notification from me of its termination in such time and in such manner as to afford the City of Twinsburg and Depository a reasonable opportunity to act on it.
NOTE: ACH pre-notification must be enacted ten days prior to first deposit.

EMPLOYEE INFORMATION

Employee Name (Please Print)

E-mail address (REQUIRED)

Signature

Date