



## Authorization for HSA Contribution Deposit

This authorizes **Chariton Valley Association** to send credit entries (and appropriate debit entries), electronically or by any other commercially accepted method, to my account (s) indicated below. This authorizes the financial institution holding the Account to post all such entries.

### Account Information

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Bank Routing # (ABA#)

\_\_\_\_\_

Account #

\_\_\_\_\_

Please attach a voided check for each account here to ensure accuracy and verification of bank routing numbers and bank account numbers

This Authorization will be in effect until Chariton Valley Association receives a written termination notice and has a reasonable opportunity to act on it.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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### Administrative use only

\_\_\_\_\_

Payroll / Date

\_\_\_\_\_

Accounts Payable / Date

\_\_\_\_\_

Prenote / Date

\_\_\_\_\_

EFT / Date

\_\_\_\_\_

EFT / Date

\_\_\_\_\_

Prenote / Date