

**MARLETTE COMMUNITY SCHOOLS
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS
FOR HEALTH SAVINGS ACCOUNTS (HSA)**

Employee Information

Your Name _____ Social Security No. _____
as it appears on your account

Address _____

City _____ State _____ Zip _____

Financial Institution Information

Financial Institution Name Tri County Bank

ABA/Routing No. 7240497 Account Number _____

Account Description Checking

Deposit Amount \$ _____

Number of Pays for Deduction 20 / 26
Please circle one

Authorization

I hereby authorize the Marlette Community Schools to deposit my payroll earnings into the account(s) listed above and, if necessary, debit entries or adjustments for any deposits made in error to my (our) account. This authorization is to remain in full force and effect until written notice from me has been received by the Marlette Community Schools in such a manner as to afford reasonable time to act on it.

Date _____ Signature _____