

**CLINTON-MASSIE LOCAL SCHOOL DISTRICT
HEALTH SAVINGS ACCOUNT (HSA)
DIRECT DEPOSIT SIGN-UP FORM**

All information on the HSA Direct Deposit Sign-up Form is required and is confidential. The information will be used to process your HSA contribution from Clinton-Massie Schools to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

TO BE COMPLETED BY EMPLOYEE

NAME OF EMPLOYEE (PRINT)	DATE
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HEALTH SAVINGS ACCOUNT	ACCOUNT NUMBER																				
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NAME, ADDRESS, & PHONE # OF FINANCIAL INSTITUTION	ROUTING NUMBER MUST BE 9 DIGITS											
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By signing below, I am verifying the bank account information listed above is accurate and represents a Health Savings Account.

BANK SIGNATURE	EMPLOYEE SIGNATURE
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