**GRISWOLD BOARD OF EDUCATION**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOST TO HSA ACCOUNT**

I, , authorize my employer to initiate electronic credit to my

 (please print full name)

financial institution listed below:

**Financial Institution:**

**Routing Number**

**Account Number**

**E-mail Address**

 (PLEASE NOTE: VOUCHER WILL BE SENT TO THIS ADDRESS)

**PLEASE PROVIDE A VOIDED CHECK**

**Date Signature**

**Insurance Election:** Employee Only ($2,000 Deductible)

 Employee + 1 Dependent / Family ($4,000 Deductible)

**Deduction Per Pay (NOTE: Deductions are on a 20 pay basis, refer to Pay Date Calendar) $**