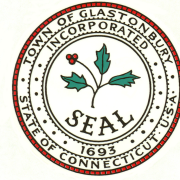


Health Savings Account (HSA) Deposit and Payroll Deduction Authorization



Town of Glastonbury

Name:

Munis Emp. No:

Department:

Financial Institution:

Routing Number:

Account Number:

Savings

Checking

Choose one of the following: Single Coverage Double/Family Coverage

In addition to the amount deposited by the Town on my behalf, I authorize a:

Bi-weekly payroll deduction of \$_____.

One-time deduction of \$_____, then back to my regular Bi-weekly deduction amount (previously authorized).

One-time deduction of \$_____ only for next payroll cycle.

The above to be deducted from my pay, and deposited into the HSA indicated above, or if blank, the account previously on record.

Direct Deposit Authorization Agreement

I authorize the Town of Glastonbury to automatically deposit funds into my account at the Financial Institution named above.

I understand that this agreement may be terminated by me or by the Town at any time by written notification. Any such notice requires a reasonable time to act upon it.

I authorize the Town to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, I am notified of the reason for the debit.

Employee Signature

Date

Internal Use Only

Date Entered	<input type="text"/>
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