

Fax back to (513) 672-4501



## HSA Direct Deposit Authorization Form

Name of Client Company \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank ABA/Routing: \_\_\_\_\_

Account Number: \_\_\_\_\_

Election Amount: \_\_\_\_\_

I understand that my banking information is used solely for the purpose of depositing HSA deductions and/or applicable employer match into my account.

I understand that any changes in banking information must be provided to Sheakley to maintain the HSA direct deposit service.

I hereby authorize Sheakley to deposit my HSA deductions and/or applicable employer match to the bank account above until such time that I provide a written request to change this information.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_