



Direct Deposit Form (HSA)

AUTHORIZATION AGREEMENT FOR REIMBURSEMENT - PIERMONT BANK

I authorize my employer _____ to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to my account at Piermont Bank. I authorize the following credit to be made (*check one*):

Employer contribution	Credit \$	_____	of my gross pay
Credit my entire net paycheck	Credit %	_____	of my gross pay
Credit \$	_____	of my gross pay into account one and \$	_____ of my gross pay into account 2.
Credit %	_____	of my gross pay into account one and %	_____ of my gross pay into account 2.

Bank Account Information

Name of Bank	Piermont Bank	Bank Routing #	026015053
Health Savings Account Number			

Secondary Account Information

Name of Bank	Bank Routing #
Health Savings Account Number	

Please certify the following:

I understand that this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

Signature

Date (MM/DD/YYYY)