



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)