



# HSA Direct Deposit Authorization

## Instructions:

1. Complete Part A – “Authorization”
2. Complete Part B – Banking Information
3. Sign Part C
4. Return the completed form to your Employer

## PART A

I authorize \_\_\_\_\_ (employer name) to initiate credit entries, and, if necessary, to initiate any debit entries to correct a previous credit error, to my account at UMB Bank, n.a. I authorize the following credit to be made.

### Check only one box:

- Employer Contribution
- Credit my entire net paycheck
- Credit \$\_\_\_\_\_ of my gross pay.
- Credit \_\_\_\_\_% of my gross pay.
- Credit \$\_\_\_\_\_ of my gross pay into account one and \$\_\_\_\_\_ into account two.
- Credit \_\_\_\_\_% of my gross pay into account one and \_\_\_\_\_% into account two.

## PART B

**Bank Name:** UMB Bank, n.a.

**Bank Routing Number:** 101000695

**Health Savings Account Number:** \_\_\_\_\_

**Account Holder Name:** \_\_\_\_\_

(please print)

### Secondary Account Information

**Bank Name:** \_\_\_\_\_

**Bank Routing Number:** \_\_\_\_\_

**Health Savings Account Number:** \_\_\_\_\_

## PART C

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.

**Name:** \_\_\_\_\_  
(please print)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_