

# CLERMONT COUNTY

## HEALTH SAVINGS ACCOUNT DIRECT DEPOSIT AUTHORIZATION

### AUTHORIZATION AGREEMENT FOR HEALTH SAVINGS ACCOUNT

This is my authorization for the Clermont County Auditor to automatically credit my semi-monthly employer/employee contributions to my Health Savings Account:

**DEPOSIT:**

Checking account

Savings account \_\_\_\_\_ (\_\_\_\_\_) at the  
(Account Number) (Bank Transit / ABA No.)

\_\_\_\_\_ branch of \_\_\_\_\_ in  
(Branch) (Financial Institution)  
\_\_\_\_\_, \_\_\_\_\_  
(City) (State)

I understand that this authorization will be in effect until I notify the Clermont County Auditor in writing that I no longer desire this service, and allow reasonable time to act on my notification. I also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account(s).

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE**

\_\_\_\_\_  
(EMPLOYEE NAME)                      XXX-XX  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(DATE)                                      (SIGNATURE)

\_\_\_\_\_  
(EMPLOYEE DEPARTMENT)              (PHONE)

**PLEASE ATTACH VOIDED CHECK OR BANK ISSUED AUTHORIZATION FORM**  
**PLEASE RETURN THE FORM TO AUDITOR/PAYROLL**