

**Roetzel & Andress
HSA Direct Deposit
Authorization Agreement**

I hereby acknowledge I am enrolled in a high deductible medical plan and authorize my employer Roetzel & Andress to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my HSA account listed below.

Personal HSA Bank Account

Financial Institution: _____

HSA Bank Routing Number: _____

HSA Bank Account Number: _____

Amount of HSA Deposit: _____ New Account New Amount

Note: For new HSA Direct Deposit Accounts to be processed through payroll, please confirm with your financial institution in advance that your HSA is a “checking” account type of HSA rather than a “savings” account type of HSA. ADP can only accommodate direct deposits to checking account types of HSA’s.

Optional: Please attach voided check here – please do not attach a deposit slip. Deposit slips often do not contain the correct routing numbers for direct deposit purposes and this will delay the implementation of your direct deposit.

This authority is to remain in full force and effect until Roetzel & Andress has received written notification from me of its termination in such time and manner as to afford Roetzel & Andress and the Financial Institution a reasonable opportunity to act on it. However I hereby acknowledge this authorization will automatically be revoked if I am no longer enrolled in a high deductible medical plan sponsored by Roetzel & Andress.

Print your Name _____ Date: _____

Sign your Name _____ SSN: _____

Please send to:
Debbie Bahr
330-849-6659
Akron Office