



PO Box 579  
Kirkland, WA 98083-0579

## Health Savings Account (HSA) Direct Deposit Authorization Form

To enroll in HSA Direct Deposit, fill out this form and turn it into Payroll.

I hereby authorize Northwest University to deposit my HSA deduction and/or any employer contribution, by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize the financial institution to accept any credit entries indicated by Northwest University to my account. In the event that Northwest University deposits funds erroneously into my account, I authorize Northwest University to debit my account for an amount not to exceed the original amount of the erroneous credit.

I declare I am eligible and qualify for a Health Savings Account (HSA) and am covered by a Qualified High Deductible Health Plan (QHDDP); and will not be covered by a health plan, other than a QHDHP, which provides any of the same benefits as the QHDHP.

This authorization is to remain in full force and effect until Northwest University has received written notice from me of its termination in such manner as to allow reasonable opportunity to act on it. Plan participants are responsible for determining their eligibility as well as both their contributions and withdrawals.

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

Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

### Account Information

Account	Bank Name	Bank Routing Number	Account Number
MII Life, Inc. as Custodian of HSA	Wells Fargo Bank	091000019	

Northwest University will keep the original of this employee enrollment form on file in Payroll as long as the HSA direct deposit is in force, and for two years thereafter.

**\*\*RETURN TO HR ONCE YOU HAVE AN ACCOUNT NUMBER\*\***