



Authorization Agreement for M&T Bank Direct Deposit for Health Savings Account

Please review and complete the following information.
Return this form to your employer's Human Resources office.

Employee Information

EMPLOYEE NAME	SSN	
ADDRESS (STREET)		
CITY	STATE	ZIP

Company Information

COMPANY NAME		
COMPANY ADDRESS		
CITY	STATE	ZIP

Deposit Instructions

AMOUNT TO BE DEPOSITED IN HEALTH SAVINGS ACCOUNT \$	FREQUENCY
ACCOUNT NO.	
M&T Bank PO Box 2032, Milwaukee, WI 53201 Transit / ABA # 031302735	

Signature

I hereby authorize the above company to deduct the above amount(s) from payments that would otherwise be due to me and cause such amounts to be deposited to my M&T Bank HSA account noted above according to the above-noted frequency. I agree that such amount(s) will be deducted and deposited as described herein beginning with payment(s) due to me on or after the date of this form and I agree that this process will continue until I notify the above company and M&T Bank in writing of any change or cancellation and such parties have had a reasonable time to act upon such notice. I agree that I will be solely responsible for: (a) ensuring that all HSA contributions that I make are within the limits set by applicable tax laws and related regulations, (b) the tax consequences of any contributions and distributions, and (c) ensuring that HSA funds are used only for qualified medical expenses as permitted by applicable tax laws and related regulations. I hereby release, discharge, indemnify, and hold harmless M&T and its affiliates, their respective directors, officers, employees, and agents from and against any and all claims, expenses, obligations, damages, losses, costs and expenses (including reasonable attorney fees) that arise out of and/or are related to the contribution(s) described herein. I understand that the terms and conditions that apply to my HSA are contained in my HSA Custodial Deposit Agreement and Investment Addendum and I agree to be bound by those terms and conditions.

Your Signature _____ Date _____