



HSA DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Instructions

1. This form provides a convenient method of electronically transferring HSA distributions directly into your checking or savings account. This form can also be used to change or cancel your direct deposit information.
2. If under Account Type below you choose checking, attach a voided check or copy of a voided check. If you choose savings, attach a savings account deposit slip. **Note: deposit slips cannot be accepted for checking accounts.**
3. Forward completed form and required information to:
Lynn Boisvert Rocky Hill Public Schools Central Office for processing.
4. If you have any questions regarding this form, please call 860-258-7706.

Accountholder Information

Last Name First Name Middle Initial

Social Security Number School or Location

I am (check one): Enrolling in Canceling Changing Direct Deposit for my HSA. Deposit Amount \$

Financial Institution Information

HSA Bank (Through Webster Bank)

Financial Institution Name

Financial Institution Street Address

City State Zip Code

Account Type: Checking Savings

075907947

Routing Number

Account Number

JON SMITH
1234 8th St. S
FARGO, ND 58102

DATE 1200

PAY TO THE ORDER OF Enter Deposit Amount Here \$

MEMO

0123456789 68590134 1200

Routing Number Account Number

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold the Rocky Hill Public schools (RHPS) liable for any adverse consequences that may result. I have not received tax or legal advice from RHPS and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by the Rocky Hill Public Schools.

Signature of HSA Accountholder Date