

HEALTH SAVINGS ACCOUNT
AUTHORIZATION FOR PAYROLL DEDUCTION
AND DIRECT DEPOSIT
OF EMPLOYEE CONTRIBUTIONS

Alpena-Montmorency-Alcona Educational Service District

Name: _____
(PRINT your full name) (Social Security Number)

I authorize AMA ESD through payroll deduction to deduct the amount listed below from my bi-weekly paycheck and deposit my contributions to my Health Savings Account at First Federal of Northern Michigan as indicated below. I understand that contributions made through my Employer's Section 125 are not subject to social security tax, federal tax and state income tax as long as withdrawals are for qualifying medical expenses. See IRS Publication 969 for more information. I authorize the institution to accept such deposits by the Automated Clearing House (ACH). It is agreed that these deposits will be made under the rules of the National Automated Clearing House Association (NACHA). **This authorization will remain in full force and effect until written notice of its termination by me is received by the school district in such a time and manner as to provide AMA ESD and the financial institution a reasonable opportunity to act on it.**

| | | |
|---|---|---|
| <input type="checkbox"/> Start a New Deduction effective _____ (date) | <input type="checkbox"/> Change Existing Deduction effective _____ (date) | <input type="checkbox"/> Cancel Existing Deduction effective _____ (date) |
|---|---|---|

Authorization Type: Payroll Deduction for direct deposit in Health Savings Account

Financial Institution Name: First Federal of Northern Michigan Phone #: 989-354-7351
 Address: 300 South Ripley Blvd. City: Alpena State: MI Zip: 49707
 Contact: Melissa Chabot ACH Routing Number: 2 7 2 4 7 1 0 8 5

Account Number (for your health savings account): _____

Checking (22) Deposit Amount \$ _____ each pay

| | |
|--|--------------------------------|
| _____ Employee Signature of Authorization | _____ Date of Authorization |
|--|--------------------------------|

BUSINESS OFFICE USE:

Annual Limit: Year: _____ Amount: _____

Employer Contribution: _____

Employee Contributions: \$ _____ per pay x _____
of pays thru Dec. 31

Total Contribution to Health Savings Account for year: _____