



HSA Direct Deposit Form

To be utilized for HSA CHECKING deposit only!

I hereby authorize Infinite Computer Solutions, Inc. (hereafter called Infinite), to initiate payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my HSA bank account number indicated in the institution named below, and to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Infinite has received written notification from me of its termination in such time and in such manner as to afford Infinite and HSA bank a reasonable opportunity to act on it.

This form will only be accepted with HSA CHECKING account details.

Employee Name (Please Print): _____

For HSA deposits only!

HSA Bank Name _____

HSA Account # _____

HSA Routing # _____

Employee Signature _____ Date: _____

| | |
|------------------------------|-------------|
| <i>For Infinite use only</i> | |
| EEID # | HR Approval |