

**GROTON BOARD OF EDUCATION**  
**HEALTH SAVINGS ACCOUNT**  
**PAYROLL DIRECT DEPOSIT AUTHORIZATION**

Instruction: Please complete this form, copy and send original to the Payroll Department.

I AUTHORIZE the Groton Board of Education to deposit the amount(s) specified below automatically to the account(s) specified below each payday, by initiating credit entries to my account(s) electronically or by any other commercially accepted methods. I also AUTHORIZE the financial institution(s) named below to credit the same to my account(s). If funds to which I am not entitled are deposited to my account(s), I AUTHORIZE the financial institution(s) to debit the same to my account(s). This authorization will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford the Groton Board of Education and the financial institution(s) reasonable opportunity to act on it.

You MUST be an owner or co-owner of an account in order to electronically transfer funds into that account. Bank service charges may be associated with you account(s). Contact your financial institution to determine these charges. The Groton Board of Education is not responsible in any way for these charges.

\*\* Please attach a voided check to this authorization for each checking account.

\*\* *Contact your financial institution for the correct transit routing number.*

Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

---

\_\_\_\_\_ HSA Account Plan

\_\_\_\_\_ Please begin the deposit of \$ \_\_\_\_\_.

\_\_\_\_\_ Please change the amount of deposit to \$ \_\_\_\_\_ effective \_\_\_\_\_.

\_\_\_\_\_ Please cancel my deposit effective \_\_\_\_\_.

Financial Institution CHARTER OAK FEDERAL CREDIT UNION

Branch Address \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_