

**Naugatuck Board of Education**  
**Authorization Agreement for Automatic Deposit**

<b>HEALTH SPENDING ACCOUNT</b>
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I hereby authorize the **Naugatuck Board of Education**, hereinafter called **company**, to initiate credit entries and to initiate, if necessary, debit entries or adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called **depository**, to credit and/or debit the same such account.

**\*\*Please include a copy of a check or a voided check from your HSA account.**

I request the following deposit:

Deposit :

Depository Name: \_\_\_\_\_

Branch/City: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Transit/ABA Number (Routing Number): \_\_\_\_\_

Account Number: \_\_\_\_\_ Statement Savings \_\_\_\_\_ Checking \_\_\_\_\_

Amount of each deposit: \_\_\_\_\_

Please Select One: \_\_\_\_\_ Amount should be equally deposited from each pay check

\_\_\_\_\_ Amount to be automatically deposited from one pay check

Pay date: \_\_\_\_\_

\_\_\_\_\_ Amount to be automatically deposited from multiple  
pay checks

Pay dates: \_\_\_\_\_ to \_\_\_\_\_

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

- Please do not close any accounts before notifying the payroll department.