

# Mt. Vernon Community School Corporation HSA Direct Deposit Enrollment/Change

## Instructions

1. This form can also be used to start, change, or cancel your direct deposit information.
2. **Attach verification of routing & account number.**
3. Forward completed form and required information to:  
MVCSC Administration Building, 1806 W State Road 234, Fortville, IN 46040
4. If you have any questions regarding this form, please call 317-485-3100 or email [jennifer.thomas@mvcsc.k12.in.us](mailto:jennifer.thomas@mvcsc.k12.in.us) or [denise.cooley@mvcsc.k12.in.us](mailto:denise.cooley@mvcsc.k12.in.us)

## Account Holder Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number Date to Begin Depositing in Account

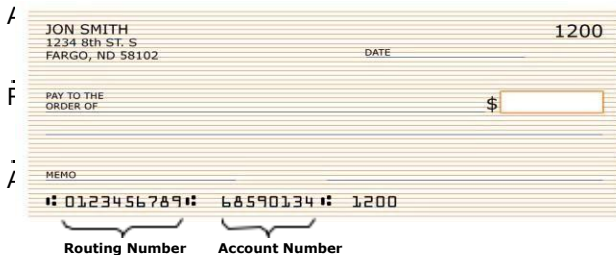
I am (check one):  Enrolling in  Canceling  Changing Direct Deposit for my HSA.

## Financial Institution Information

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Street Address

\_\_\_\_\_  
City State Zip Code



\_\_\_\_\_  
**Routing Number:**

\_\_\_\_\_  
**Account Number:**

## Signature

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. All information provided by me is true and correct and may be relied upon by MVCSC.

\_\_\_\_\_  
Signature of HSA Account Holder Date