AUTHORIZATION AGREEMENT

FOR DIRECT DEPOSITS

(ACH CREDITS)

FAYETTE R-III SCHOOL DISTRICT

705 LUCKY STREET

FAYETTE, MO 65248

EXCHANGE BANK - HSA

I hereby authorize Fayette R-III School District, hereinafter called COMPANY, to initiate credit entries to my bank account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY ___EXCHANGE BANK _____

BRANCH ____FAYETTE_____

ADDRESS _101 S. CHURCH STREET_____

CITY _____FAYETTE_____ STATE___MO_____ ZIP___65248___

ROUTING #___101917623_____

ACCOUNT #_____ (circle one) CHECKING / SAVINGS

I wish to make a monthly voluntary contribution to my HSA account in the amount of

$_____. Effective on _____

This authorization 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.

SIGNATURE _____

PRINTED NAME _____

DATE_____