



**CITY OF BARRE  
AUTHORIZATION AGREEMENT FOR  
HEALTH SAVINGS ACCOUNT CONTRIBUTIONS  
(ACH CREDITS)**

EMPLOYEE NAME: \_\_\_\_\_  
(Please Print)

**I hereby authorize the City of Barre to initiate a credit entry to my Health Savings account (HSA) as listed below. I certify that I am the owner of this HSA and that I have enrolled in the High Deductible Plan that is required in order to be eligible for contributing to the HSA.**

Name of Bank: \_\_\_\_\_ Bank Account #: \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Address \_\_\_\_\_

This authorization is to remain in full force and effect until the Payroll Department of the City of Barre has received written notification from me of its termination in such time and in such manner as to afford the City of Barre and the above named Bank a reasonable opportunity to act on it. Such written notification shall also be provided by me if I should make any changes in banking arrangements which will cause deposits to be made to an account different from the account indicated above. Upon termination of employment this agreement will be null and void.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE TO CITY OF BARRE EMPLOYEES:  
YOU HAVE THE RIGHT TO REVOKE AUTHORIZATION FOR CREDIT  
ENTRIES TO YOUR ACCOUNT AT ANY TIME PROVIDED THE  
AUTHORIZATION IS DONE IN THE MANNER INDICATED ABOVE.**