

AUTHORIZATION AGREEMENT FOR  
**HSA BENEFIT**  
**DIRECT DEPOSIT**

I hereby authorize Mercer County School District #404 to initiate credit entries to my Health Savings Account (HSA). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution: BANK ORION

Routing Number: 071110042

City: ALEDO State: IL Zip: 61231

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

Amount to be Deposited: Bi-Weekly Benefit Amount

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This authorization is to remain in force until Mercer County School District #404 has received written notification from me of its termination in such time and in such manner as to afford Mercer County School District #404 and the depository financial institution a reasonable opportunity to act on it.

Name \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date