



Building Restoration Corporation
Health Savings Account (HSA) Direct Deposit Agreement Form

Authorization Agreement

I, _____, hereby acknowledge that I have enrolled in an HSA eligible plan through BRC and authorize Building Restoration Corporation to :

Initiate automatic deposits in the amount of \$_____ per pay period to a Health Savings Account at the financial institution named below.

Initiate a one time deposit in the amount of \$_____ to a Health Savings Account at the financial institution named below for the pay period ending __/__/__.

I also authorize Building Restoration Corporation to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Building Restoration Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Building Restoration Corporation receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Employee Name: _____

Name of Financial Institution: _____

Routing Number: _____

HSA Account Number: _____

Signature

Account Holder Name (Primary): _____ Date: _____

Authorized Signature (Primary): _____ Date: _____

Secondary Account Holder Name (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____