This form can be filled out on your computer before printing

BANK OF CASHTON Since 1899

AUTHORIZATION AGREEMENT FOR ACH TRANSFER

BANK OF CASHTON
P.O. BOX 70
CASHTON, WI 54619
PHONE: (800) 205-7203 / FAX: (608) 654-5297

PLEASE NOTE: **This form is NOT for initial contributions.** **Initial contributions must be made by check.** Also, contributions made via ACH Contribution cannot be made for prior year. Prior year contributions (January 1 through April 15) must be made by check.

APPLICANT: _____ HSA Account #: _____

I hereby authorize the Bank of Cashton to initiate debit entries to my account at the financial institution named below to be deposited into the Health Savings Account (HSA). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I request authorization to initiate credit entries (contributions) to my HSA account.

Transfer From Account (debit):

Name of Financial Institution	
Address	
City, State, Zip Code	
Phone Number	
Account Type	
Account Number	
Nine-Digit Routing Number	

Transfer To (credit):
Bank of Cashton
P.O. Box 70
Cashton, WI 54619

I authorize the Bank of Cashton to withdraw $_____ from the account mentioned above and deposit it into my HSA account _____ (Insert frequency of transfer) beginning on _____ (Insert date of when you would like the ACH transfers to begin).

PLEASE NOTE: **This form is NOT for initial contributions.** **Your initial contribution must be made by check.** **Please make this check payable to the Bank of Cashton and it will be deposited into your HSA for your initial contribution.** **If the draw date you have selected falls on a weekend or holiday, your transaction will occur on the next business day.**

X _____
Signature of HSA Owner **Date**