

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 _____