

## Authorization for Direct Deposit to an HSA

I \_\_\_\_\_ authorize \_\_\_\_\_  
(company/employer) and my financial institution listed below to initiate pre-tax electronic credit/deposit entries, and if necessary, debit entries and adjustments for any credit entries done in error to my:

Checking Account

In the amount of:

\$ \_\_\_\_\_  
(Enter a specific amount)

The authority will remain in effect until I have cancelled it in writing in such manner as to afford COMPANY/EMPLOYER and its Financial Institution a reasonable opportunity to act on it. I acknowledge that the origination of the ACH transaction(s) to my account must comply with the provisions of U.S. law.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (print)

MERCANTILE BANK OF MICHIGAN

\_\_\_\_\_  
Financial Institution Name (please print)

\_\_\_\_\_  
My Signature

310 LEONARD ST. NW

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

\_\_\_\_\_  
Account Number at Financial Institution

GRAND RAPIDS MI 49504

\_\_\_\_\_  
City St. Zip

072413829

\_\_\_\_\_  
Bank Transit Routing Number (located at bottom of check)

-----  
The above authorization replaces my current electronic credit to:

\_\_\_\_\_ of \_\_\_\_\_  
Financial Institution Entire Deposit Amount OR Specific Amount