

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