



EMPLOYEE HEALTH SAVINGS ACCOUNT AUTHORIZATION FORM

(ONLY APPLIES TO HDHP PLAN ENROLLMENT)

Employee Name _____

Bank Name _____

Account # _____ Bank Routing # _____

Amount Per Paycheck _____

I hereby voluntarily authorize Iowa Legal Aid, either directly or through its payroll service provider, to deposit any amounts owed to me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Iowa Legal Aid, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Iowa Legal Aid or its payroll service provider deposits funds erroneously into my account (s), I authorize Iowa Legal Aid, either directly through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit. To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive payment owed to me by other means. This authorization is to remain in full force and effect until Iowa Legal Aid and Bank have received written notice from me of its termination in such time and manner as to afford Iowa Legal Aid and Bank reasonable opportunity to act on it.

Employee Signature _____

Date _____