

Caroline County Public Schools

16261 Richmond Turnpike

Bowling Green, VA 22427

(804) 633-5088

**EMPLOYEE CONTRIBUTION TO  
Health Savings Account**

Print Full Name: \_\_\_\_\_

First

Middle

Last

Social Security Number: \_\_\_\_\_

-

-

**USE FOR HEALTH SAVINGS ACCOUNT ONLY (Account associated with the High Deductible Health Plan).** Do not use this form to change your deposit into your regular checking account.

**Please Note:** Missing information may cause your direct deposit to be delayed. Changes to your deposit must be submitted to the payroll department by the 10<sup>th</sup> of each month. When possible, please give the payroll office two weeks' notice before closing your account.

**Account Information:**

\*Please verify routing and account numbers with your bank prior to submitting application for direct deposit.

Account Type	Routing Number		Account Number		Deposit Amount		
<i>H S A</i>					\$ .00		
Depository (Bank) Name:		Address:		City		State	Zip Code
<i>Union First Market Bank</i>		<i>211 North Main St.</i>		<i>Bowling Green</i>		<i>VA</i>	<i>22427</i>

**Agreement:**

I hereby authorize Caroline County Public Schools to initiate automatic deposits to my account at the financial institution named above. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I may take, my employer cannot issue the funds to me until the funds have been returned to my employer by my financial institution.

Further, I agree not to hold CCPS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account.

This authority is to remain in full force and effect until CCPS has received written notification from me of its termination in such time and in such manner to afford CCPS and my financial institution a reasonable opportunity to act upon it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by Payroll:**

Updated By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed By: : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_