



P. O. Box 91001
 Baton Rouge, LA 70821
 (225) 214-6800

FOR EFCU USE ONLY

Batch Excel

Add'l Info: _____

FM'd By _____ Date ____ / ____ / ____

HSA ACH ORIGATION
(Incoming)

Date: _____ Employer: _____

Member Name: _____ Account # _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Transaction Frequency and Date(s): _____ Effective Date: _____

- Once a month: (circle one) 5th 10th 20th 25th
- Twice a month: 15th & 30th

Amount to HSA Checking #	\$
Amount to HSA Shares #	\$
Total Amount	\$

My HSA account(s) above will be credited every month as indicated until I revoke the authorization in writing.

 Member Signature

 Date

 Employee Initials & Number

 Date

Attach Voided Check Here