



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: \_\_\_\_\_

HSA Account #	Amount \$
Effective Date:	

My HSA account above will be credited as indicated until I revoke the authorization in writing.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Initials & Number

\_\_\_\_\_  
Date

*Attach Voided Check Here*