



# West Ohio United Methodist Credit Union

## Employer Authorization for Electronic Withdrawal of Funds

**Optional—TO BE COMPLETED BY THE EMPLOYER**

As an authorized representative of the (name of employer) \_\_\_\_\_ (Employer), I request West Ohio United Methodist Credit Union, Inc. (Credit Union) originate direct electronic debit(s) (via ACH) from our checking account identified below and to deposit those same funds to the Health Savings Account(s) as follows:

| HSA Account Holder    | Credit Union Account Number | Amount of <b>Employee Contributions</b> |
|-----------------------|-----------------------------|---|
| 1.                    |                             | \$                                      |
| 2.                    |                             | \$                                      |
| 3.                    |                             | \$                                      |
| 4.                    |                             | \$                                      |
| 5.                    |                             | \$                                      |
| Total per deduction:: |                             | \$                                      |

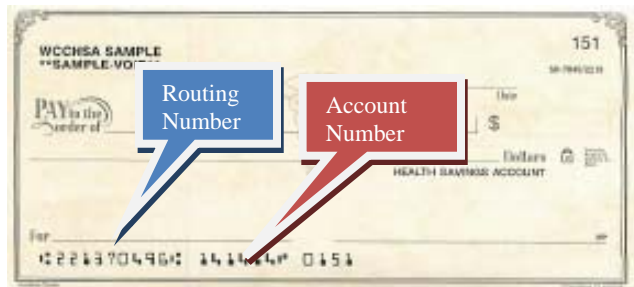
Please make systematic deductions to our account on the following intervals:

|  |   |
|--|---|
| <p>Date of deduction(s)<br/><i>If this date falls on a Saturday, Sunday, or Federal Reserve holiday, your transfer will be made on the following business day.</i></p> | <p><input type="checkbox"/> 1<sup>st</sup> of each month</p> <p><input type="checkbox"/> 15<sup>th</sup> of each month</p> <p><input type="checkbox"/> 1<sup>st</sup> and 15<sup>th</sup> of each month</p> |
|--|---|

The Employer authorizes the Credit Union to originate electronic debits from the following checking account.

|   |  |
|---|--|
| Name of Financial Institution             |  |
| Routing number as presented on your check |  |
| Account number as presented on your check |  |

***Please attach a voided check to this request***



THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER NOTIFIES THE CREDIT UNION IN WRITING. WRITTEN NOTIFICATION MUST BE RECEIVED BY THE CREDIT UNION AT LEAST TEN BUSINESS DAYS PRIOR TO THE DATE OF THE NEXT SCHEDULED DEDUCTION. PLEASE SEND WRITTEN CORRESPONDENCE TO WEST OHIO UNITED METHODIST CREDIT UNION—P.O. BOX 54843—CINCINNATI, OHIO 45254 OR FAX TO (513) 528-7480.

**X** \_\_\_\_\_ / \_\_\_\_ / 2011  
 Signature of Authorized Employer Representative Title Date

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