



127 South Main St, Cambridge—www.cambridgestatebank.com— 763.689.2500—Member FDIC

AUTOMATIC TRANSFER OF FUNDS AUTHORIZATION FOR DEPOSIT ONLY

I authorize Cambridge State Bank to initiate debit entries, and adjusting entries thereto, through the regional automated clearing house (“ACH”) associations, subject to the operating rules and regulations of the National Automated Clearinghouse Association (“NACHA”) to my bank account indicated below at the depository financial institution named below (the “Depository”), and to credit the value of such ACH debit entries to the account I maintain at Cambridge State Bank in connection with the HSA program. I understand that I may revoke this authorization by giving at least thirty (30) days written notice of cancellation to Cambridge State Bank at the address listed above, and that the revocation will not apply to transactions initiated prior to the Bank’s receipt of the notice, or to adjusting entries on previous transactions. I represent that I am the owner of the account named below and that I have the legal right to provide this authorization.

	FROM-DEBITED ACCOUNT	TO-CREDITED ACCOUNT (HSA ACCOUNT)
ACCOUNT NAME		
ACCOUNT NUMBER		
ACCOUNT TITLE		
BANK		CAMBRIDGE STATE BANK
BANK ADDRESS/CITY/STATE/ZIP		127 SOUTH MAIN ST/CAMBRIDGE/MN/55008
BANK ROUTING/TRANSIT NUMBER		091911409

TRANSFER AMOUNT	\$
FREQUENCY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ONE TIME
STARTING DATE	

X _____
Account Holder Signature

Date

Please attach a “VOIDED” check from the bank that is to be debited.

If you have questions, please contact our bank at 763.689.2500.