



Cattle Bank & Trust

Health Savings Account
Group Deposit Direction Form

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Contact Person: _____

Total Periodic Deposit Amount: _____ Periodic Deposit Frequency: _____

On behalf of the above named company, I hereby authorize and direct Cattle Bank & Trust to distribute the total periodic deposit amount, whether received by check or preauthorized funds transfer, in the following manner:

Table with 3 columns: Account Owner Name, Employer Contribution, Employee Contribution. Multiple rows for data entry.

If more space is required, please attach a separate sheet.

Cattle Bank & Trust will distribute total periodic deposit amounts according to the above instructions until these directions are updated or rescinded, in writing.

Company Authorized Signature

Date

If sending contribution by mail please mail to:

Cattle Bank & Trust
PO Box 467
Seward, NE 68434