



The Cattle National Bank & Trust Company

Health Savings Account
Group Deposit Direction Form

www.cattlebank.com

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 The Cattle National Bank & Trust Company 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.

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distribute total periodic deposit amounts according to the above instructions until these directions are updated or rescinded, in writing.

Company Authorized Signature

Date