## **MARSHALL MUNICIPAL UTILITIES**

## HEALTH SAVINGS ACCOUNT (EXCHANGE BANK) DIRECT DEPOSIT INFORMATION

PROVIDE YOUR NAME AND E BELOW:	EXCHANGE BANK ACC	OUNT NUMBER FOR YOUR HEALTH SAVINGS	ACCOUNT
PRINT LEGIBLY			
NAME ON ACCOUNT		ACCOUNT NUMBER (Exchange Bank HSA)	
Employee Number			
 Signature	Date		

Note: Due to the time required for COMPANY and DEPOSITORY processing, allow one bi-weekly pay period for processing.