



An educated choice

HEALTH SAVINGS ACCOUNT (HSA) AUTHORIZATION FORM

To: Human Resources/Payroll Department

I request my Health Savings Account (HSA) contributions be deposited to the following financial institution:

Credit Union Name: Tobacco Valley Teachers Federal Credit Union
182 South Road
Enfield, CT 06082

Transit ABA/Routing #: 211176969

My Health Savings Account Number: 5 _____

EMPLOYEE PRINTED NAME _____ DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

TVTFCU Staff Signature _____ DATE _____

Please contact the Tobacco Valley Teachers Federal Credit Union with any questions at 860-253-4780.

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

