



Employee ACH Authorization Release

(EMPLOYEE NAME) _____ HEREBY authorizes Healthy Dollars Inc. to initiate ACH (automated clearing house) transfers entries for the following depository.

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing & Transit Number: _____ Bank Account Number: _____

Type of Account: Checking Account Savings Account

Information Provided by: _____

Signature: _____ Date: _____