



EMPLOYEE ACH AUTHORIZATION RELEASE

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

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Bank Account Number: _____ Routing Number: _____

Account Type: Checking Savings

Information Provided by: _____

Signature: _____ Date: _____