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Nampa, Idaho 83651
(800) 888-7283
ebanking@myhomefed.com

HEALTH SAVINGS ACCOUNT AUTOMATIC TRANSFER AUTHORIZATION

As used in this authorization, "we" or "I" mean the owners of the accounts identified below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law. Please return forms to the address shown above.

Transaction Type:

Action:

<input type="checkbox"/> Recurring Transfer	<input type="checkbox"/> New	<input type="checkbox"/> Modification	<input type="checkbox"/> Revocation
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We authorize and direct you to set up the following transfer of funds:

Amount Transferred: \$ _____
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Please Specify) _____
Start Date: _____
Termination Date: _____ (if no termination date is specified, the transfer will continue until further notice)

From:

Account Number: _____	<input type="checkbox"/> Savings Account
Account Title: _____	<input type="checkbox"/> Checking Account
Routing Number: _____	
Bank Name: _____	

If transferring funds from an external bank, you must attach a voided check to this authorization.

To:

Account Number: _____	<input type="checkbox"/> Health Savings Account
Account Title: _____	
Routing Number: 324170140	
Bank Name: Home Federal Bank	

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization.

I (we) understand that this authorization will remain in full force and effect until I (we) notify Home Federal Bank in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that Home Federal Bank requires at least 5 days prior notice in order to cancel this authorization

Signature

Signature

Name

Name

ID/Identification Type and Number

Home Federal - Accepted By

Account Holders Address