



Home Federal Bank
500 12th Ave. South
P. O. Box 190
Nampa, Idaho 83653-0190

HEALTH SAVINGS ACCOUNT
MODIFICATION/REVOCATION OF AUTOMATIC TRANSFER

As used in this authorization, "we" and "us" means the owners of the accounts identified below. "You" and "yours" means the depository institution named below.

This is a: [ ] Modification [ ] Revocation

We authorize and direct you to modify/cancel the following transfer of funds:

Amount Transferred: \$ \_\_\_\_\_
Frequency: \_\_\_ weekly \_\_\_ monthly \_\_\_ other (please specify) \_\_\_\_\_
Start Date: \_\_\_/\_\_\_/\_\_\_
Termination Date: \_\_\_/\_\_\_/\_\_\_ (if no termination date is specified, the transfer will continue until further notice)

From: Account Number: \_\_\_\_\_ Account Title: \_\_\_\_\_
Type of Account: \_\_\_ Savings \_\_\_ Checking
Routing Number: \_\_\_\_\_
Bank Name: \_\_\_\_\_

To: HSA Account Number: \_\_\_\_\_ HSA Account Title: \_\_\_\_\_
Type of Account: \_\_\_\_\_ HSA's
Routing Number: 324170140
Bank Name: HOME FEDERAL

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

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

Signature

Signature

Name

Name

Identification Type/Number

Account Address

Accepted By