

## Authorization to Release Information to Employer



*Federal law requires this consent form be provided to you. Unless authorized by law, BMI Federal Credit Union cannot disclose, without your consent, any non-public personal information and/or other financial information to third parties.*

I, \_\_\_\_\_, hereby authorize BMI Federal Credit Union to release information concerning my Health Savings Account, and any necessary identifying information with my employer, **City of Dublin**, in order to facilitate the direct deposit of employer contributions to my HSA account. This authorization is granted only upon the initial set up of my HSA account, and shall be revoke upon the first contribution from my employer into my account. A photocopy of this authorization shall be deemed as effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name