

Health Savings Account (HSA) Payroll Contribution and Authorization Form

I elect to participate in the Health Savings Account (HSA).

HSA Contributions – Must be direct deposit through payroll

I have established an HSA account with this bank:

Bank of America*

HSA Bank*

HSA Employee Contributions

Contributions you want to make out of each paycheck on a pre-tax basis: \$_____.

Employees can change or discontinue HSA contribution amounts with written notice to their Human Resources Manager.

* See attached information sheet for account interest and fee schedule associated with each account.

I agree to have my employer deduct pre-tax payroll contributions to fund my Health Savings Account. I understand that if my employment is terminated prior to the end of the Plan Year, the Agency will no longer absorb the administrative costs associated with the account. Contributions will be taken from my final paycheck on a pre-tax basis.

Your Signature

Date

Your Name

Employee ID#

Program Location #

Your Home Phone #

Required – Account information from Bank:

Transit Routing Number: _____

Account Number: _____

Please ask your Human Resources Manager if you need help filling out this form.