



Payroll Deduction Authorization

This form allows you to have health savings account (HSA) contributions deducted from your payroll. You may use this form to authorize per-paycheck deduction/contribution.

Employee / Account holder information

Full name:

Birth date: (MM/DD/YY)

Social Security number:

Street address:

City, state, ZIP:

Daytime telephone:

Evening telephone:

Name of HSA Administrator/ Bank:

HSA account number: (optional)

Per Paycheck: I wish to authorize a per-paycheck contribution to my HSA in the amount of \$ _____

Authorization

I hereby authorize **my employer** to deduct the amount(s) above from my pay and remit such amount(s) for deposit into my HSA. I understand that the timing of deductions will be established between my HSA administrator and my employer. If I authorized periodic deductions, I may terminate that authorization on at least one month's prior written notice to **my employer**.

□

Signature of Employee / Account holder and Date

□

Print Name

For 2021, maximum contribution amounts are \$3,600 for self-only and \$7,200 for families. The annual catch-up contribution amount for individuals age 55 or older is \$1,000.

Please return form to the HR Department