

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.

1 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 \$ _____

2 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

Date

Print name

Where to return your form?

Return this form back to your HR department or benefits administrator.
Please keep a copy of this form for your records.