

EMPLOYEE AUTHORIZATION FOR HEALTH SAVINGS ACCOUNT (HSA)

New Information Update Information

Employee Name _____
(Please PRINT CLEARLY)

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account listed below. This authority is to remain in full force and effect until the Employer has received written notification from me of its termination in such time and manner as to afford Employer a reasonable opportunity to act on it.

Employee Signature _____ **Date** _____

Authorized By _____ **Date** _____
(Employer)

IF YOU CLOSE OR CHANGE YOUR BANK ACCOUNT, PLEASE NOTIFY YOUR SUPERVISOR

Name of Bank, Savings, Loan, or Credit Union

Branch / Phone Number

Routing / Transit Number

Type of HSA (check only one option)

- Single
 Family

Account Number

Employee Contribution per Check: \$ _____

Employer Contribution per Check: \$ _____

(Employer contributions are not required and are at the discretion of the Employer)

ATTACH COPY OF A VOIDED CHECK

To ensure this pretax HSA information has been authorized by your employer, return this form directly to your HR manager or payroll administrator for approval.

To protect your account info, **DO NOT EMAIL or TEXT this form as an image or scan.**