

Health Savings Account Contribution and Direct Deposit Authorization Form

Instructions: Use this form to elect your contributions to your HSA. This may be a one-time contribution or to set up automatic contributions to be withheld each pay.

PERSONAL INFORMATION

Employee Name: _____
 Employee ID #: _____ Phone Number: _____

HSA ACCOUNT INFORMATION

Bank Name: _____
 Bank Routing #: _____
 HSA Account # (if available): _____
 Name on Account: _____
 Account Type: Checking Savings

CONTRIBUTION INFORMATION

I would like to contribute:
 Frequency: Per Pay Amount: \$ _____
 One-Time Contribution Amount: \$ _____ Pay Date _____
 I would like to stop contributions effective _____ (pay date)

SIGNATURE

employee of its termination or modification. The employee shall give notification in such time and manner, typically one full pay period, in advance, to afford WKH EHQHILW DGPLQLVWUDWRU and the bar opportunity to act upon the change or termination request.

I authorize the above specified contribution amount to be deducted from my pay and deposited in my Health Savings account specified above.

Employee Signature: _____ Date: _____

Employee Contribution Limit (2021 Tax Year)
 This is the maximum contribution allowed including the Messiah contribution.
 If you are 55+, you can contribute an additional \$1,000

	Employee Only	Employee+Child(ren)	Employee+Spouse	Family
Employee Contribution (age 55 and older)	50	\$	\$	\$ 0