

## Transfer of Funds – Payroll Deduction

### PART 1: Instructions

- This form allows you to have HSA contributions deducted from your payroll. You may use this form to authorize either a one-time transaction or a periodic transfer.
- **Note:** If you have elected to have your employer make contributions to your HSA as part of your health plan enrollment you do not need to complete this form. Deductions authorized by this form will be in addition to any contributions you make through your benefits election.
- Keep this form for your files
- Please submit completed form to the employer

### PART 2: Account Holder Information (For Changes in current deductions, complete only highlighted items)

<b>Full Name:</b>	<b>Birthdate: (MM/DD/YY)</b> ___/___/___
<b>HSA Account No:</b>	
<b>Street Address:</b>	
<b>City/State/Zip:</b>	<b>Telephone No:</b>

### PART 2: Account Holder Information

Please check the following that applies:

**Lump Sum:** I wish to authorize a one-time contribution to my HSA in the amount of \$ \_\_\_\_\_

**Periodic deduction:** I wish to authorize a bi-weekly contribution to my HSA in the amount of \$ \_\_\_\_\_

### PART 3: 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 account. If I authorized periodic deductions I may terminate that authorization on at least one month's prior written notice to my employer.

**X** \_\_\_\_\_

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Print Name**