

**HEALTH SAVINGS ACCOUNT (HSA)  
AUTHORIZATION FOR PAYROLL DEDUCTION**

Name: \_\_\_\_\_

ID# \_\_\_\_\_

Is this a new enrollment or change (please mark):

New \_\_\_\_\_

Change \_\_\_\_\_

I hereby authorize my employer to deduct the following amount from my paycheck \$ \_\_\_\_\_

I understand that this deduction will be taken out of my pay on a bi-weekly basis.

Change to be effective on: \_\_\_\_\_  
month/day/year

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date