



## **HSA PAYROLL DEDUCTION AGREEMENT**

By signing this agreement, I hereby authorize **Merrill Area Public Schools** to initiate deductions from my payroll for the purpose of funding my Health Savings Account (HSA).  
By signing this, I certify the following:

- The account is designated as a Health Savings Account.
- The account is in my name.
- \_\_\_\_\_ **Adding a new HSA**    **OR**    \_\_\_\_\_ **Updating an Existing HSA**
- \_\_\_\_\_ **Age 54 or less**    \_\_\_\_\_ **Age 55-64**    \_\_\_\_\_ **Over 65**

**Payroll effective date:** \_\_\_\_\_

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

**Address, State, & Zip code:** \_\_\_\_\_

**Contribution Amount per payroll:** \$ \_\_\_\_\_

**New account: HSA Financial institution:** \_\_\_\_\_

HSA Bank **Routing** Number

HSA Bank **Account** Number

\_\_\_\_\_

\_\_\_\_\_

This authorization is to remain in full force and effective until **Merrill Area Public Schools** has received written notification from me or my termination in such time and in such manner as to afford **Merrill Area Public Schools** a reasonable opportunity to act on it.

**\*\*Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\* Attached with this form you will NEED: A letterhead form from your Bank with:  
Your name, Account type, Routing number and account number. \*\*\*\***

**2023 Health Savings Accounts**    Maximum Contributions    \$3,850/single & \$7,750/family

**2024 Health Savings Accounts**    Maximum Contributions    \$4,150/single & \$8,300/family

Revised 6-14-23