Merrill Area Public Schools Human Resource Office
1111 N. Sales St., Merrill, WI 54452
715.536.4581, x10000

HSA DIRECT DEPOSIT FORM (CREDIT AUTHORIZATION)

To be filled out by employees participating in the Health Plan for Health Savings Account payroll deductions.

EMPLOYEE INFORMATION

Name: _____

Address: _____

CIRCLE Age: *For IRS Purposes* — **age 54 or less** | **age 55-64** | **age 65 or older** *(Not eligible per IRS.)*

CIRCLE Group: — **10 Month Support** *20 Deductions (2/month)* | **12 Month/ Teacher/ Admin** *24 Deductions (2/month)*

CIRCLE Action Requested: — **Add NEW** | **Update Existing**

Amount Out Per Check: $_____ **Start/ Effective Date:** _____

Special Instructions: _____

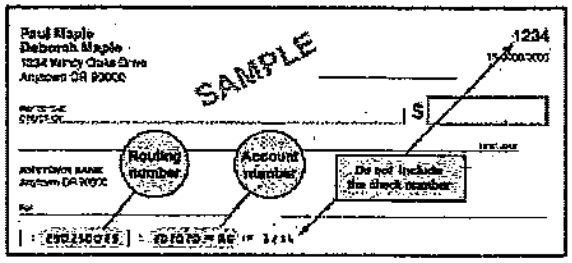
HSA FINANCIAL INSTITUTION INFORMATION

Name: _____

Address: _____

Routing Number _____

Account Number _____



I authorize Merrill Area Public Schools (MAPS) to initiate entries to my HSA account at this financial institution, and, if necessary, initiate adjustments for transactions credited in error. I understand this authority will remain in effect until I provide written notification to MAPS cancelling it.

_____ _____

Employee Signature **Date**