# Merrill Area Public School District | Committed to providing the best education for every student in a safe environment | Merrill, WI 54452

# **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