

# Health Savings Account (HSA) Direct Deposit Form

If you have elected to participate in our HSA Plan for 2024, please fill out the following information for your direct deposits. You can use this form to start or change payroll deductions for contributions to your health savings account (HSA).

Please Print

**Employee Name:** \_\_\_\_\_  
Last First MI

*Note:*  
 Bank and account information is needed only for account set-up. It is not needed for subsequent contribution amount changes.

\_\_\_\_\_ Bank Name \_\_\_\_\_ Bank Routing Number (9 digit)  
 \_\_\_\_\_ Checking Acct \_\_\_\_\_ Saving Acct \_\_\_\_\_  
 \_\_\_\_\_ HSA Bank Account Number

The IRS limits the amount you can contribute to \$4,150 for single, and \$8,300 for family. If age 55+, account holders can contribute an additional \$1,000.

**IRS Maximum Contribution for 2024**

- Single Coverage = \$ 4,150
- Family Coverage = \$ 8,300
- Catch-up Contribution\* = \$ 1,000  
\*Age 55+

\$ \_\_\_\_\_  
 Employee Contribution Amount Per Payroll

\$ \_\_\_\_\_  
 Total Employee Annual Contribution for 2024

Start deduction on \_\_\_\_/\_\_\_\_/\_\_\_\_ payroll.

*By signing below I am authorizing my Employer to make payroll deductions in the amount specified above. This amount will be applied as a contribution to my Health Savings Account (HSA). I will inform the Company in writing when I wish to alter or terminate this authorization.*

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

\_\_\_\_\_  
 Date

Return this form to the HR Department

**Find Routing Number on Your Check**

Your Name \_\_\_\_\_ 1001  
 Your Address \_\_\_\_\_  
 DATE \_\_\_\_\_  
 PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS  
 Your Bank Name \_\_\_\_\_  
 MEMO \_\_\_\_\_  
 ⑆123456789 ⑆0000987654321⑆ 1001

9 Digit Routing Number    Your Account Number    Check Number