

# Health Savings Account (HSA) Direct Deposit Form

If you have elected to participate in our HSA Plan for 2026, 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 \$4,400 for single, and \$8,750 for family. If age 55+, account holders can contribute an additional \$1,000.

**IRS Maximum Contribution for 2026**

- Single Coverage = \$ 4,400
- Family Coverage = \$ 8,750
- Catch-up Contribution\* = \$ 1,000  
\*Age 55+

\$ \_\_\_\_\_  
Employee Contribution Amount Per Payroll  
 \$ \_\_\_\_\_  
Total Employee Annual Contribution for 2026

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

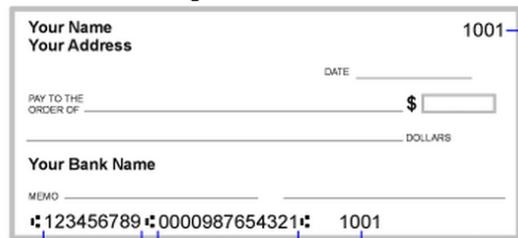
*By signing below I am authorizing my Employer to make payroll deductions in the 'co qwpv' specified above. This amount will be applied as a contribution to my Health Savings Account \*J UC-ØI will inform the Eqo rcp{ in writing when I wish to alter or terminate this authorization.*

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

\_\_\_\_\_  
Date

Return this form to the HR Department

**Find Routing Number on Your Check**



9 Digit Routing Number    Your Account Number    Check Number