



DIRECT DEPOSIT AUTHORIZATION

FOR HSA ACCOUNT

Please use this form if you have opened an HSA account to go along with your medical plan. **If you have opened an account with an institution other than Health Equity or Optum Bank, we will need documentation from your bank verifying this is a qualified HSA account and proof must be submitted with this form.** Please submit this form to Jessica Joanem, Payroll Manager.

_____ **Establish Payroll Deduction for First Time**

_____ **Change Payroll Deduction Amount**

_____ **Stop Payroll Deduction**

Name of Bank: _____

*Routing and Account Numbers are only needed for banks other than Health Equity or Optum Bank.

Routing Number: _____

Account Number: _____

Amount to be deposited per pay period: \$_____

I hereby authorize my employer, City of Roswell, to deposit the dollar amount specified above to the account specified each pay period.

***Contributions Limits:** Your annual HSA contribution cannot exceed the statutory IRS contribution maximums. If you are age 55 or older, you can make additional “catch-up” contributions of up to \$1,000. Please speak to Jessica Joanem in Human Resources to have this set up.

Signature

Date

Your Name (please print)