

**AUTHORIZATION  
FOR VOLUNTARY PAYROLL DEDUCTION  
HSA ACCOUNT**

I, \_\_\_\_\_ HEREBY AUTHORIZE  
(Print employee's name)

\_\_\_\_\_ TO DEDUCT FROM MY WAGES  
(Employer)

FOR: \_\_\_\_\_  
(reason for the deduction)

THE SUM OF \$ \_\_\_\_\_ PER PAY PERIOD, BEGINNING  
\_\_\_\_\_. (amount) (Date)

IF THE DEDUCTION IS BEING USED FOR HSA MEDICAL DEDUCTION, IT WILL BE DEDUCTED FROM EACH PAYROLL CHECK AND THEN SUBMITTED MONTHLY TO THE BANKING INSTITUTION DESIGNATED BY THE EMPLOYEE.

\_\_\_\_\_  
\_\_\_\_\_  
(Date Signed) (Employee's Signature)