

HSA DEPOSIT AUTHORIZATION

AUTHORIZATION INFORMATION

IMPORTANT! Please read and sign before completing and submitting.

By signing this form you agree to all conditions/fees imposed by the bank for all designated actions. You are allowed to make deposits into checking and savings accounts. Most credit union deductions are considered one savings account. Attach verification of the ACH bank routing number and bank account number for all accounts listed below. Please allow 2-3 pay periods for direct deposit to begin. If you change banks or accounts, you are fully responsible for immediately notifying the Payroll Department of the change. I understand that if my employment is terminated for any reason, my final check may be a live check and would not be deposited automatically into my account. I understand that it is my full responsibility to make prior arrangements accordingly. I authorize and agree that in the event Advanced HR deposits funds erroneously into my account, Advanced HR may debit my account for an amount not to exceed the original amount of the erroneous credit.

I, _____, hereby authorize Advanced HR to electronically deposit to the accounts below:

Authorized Signature: _____ Date: _____

Company Name: _____

HSA ACCOUNT INFORMATION

New HSA Deposit ☐

Change HSA Deposit ☐

Delete ☐

Bank Name: _____

City: _____ State: _____ Phone #: _____

Routing Number: _____ Account Number: _____

CONTRIBUTION AMOUNT

Amount Per Pay Period: _____ OR Annual Contribution: _____

2020 LIMITS

Employee Only = \$3,450

Employee + 1 or More = \$6,900 55 years & older

Catch Up = \$1,000

****Please attach the HSA bank routing and account numbers provided by your bank for verification purposes****

*** Limits are the lesser of your deductible or IRS published limit***

DO NOT PROVIDE ROUTING NUMBER FROM A DEPOSIT SLIP, THE NUMBERS ARE NOT THE SAME