



Payroll Deduction Authorization Form for Health Savings Account (HSA) Deposits

Use this form to authorize Employer Services Corporation to payroll deduct pre-tax contributions for deposit into your Health Savings Account, or to change or cancel your payroll deduction arrangement.

Fax to (716) 250-6626 or mail to:

Employer Services Corporation, 20 Pineview Drive, Amherst, NY 14228; Attn: Benefits Department

Contact Information					
Name of Employer				Social Security #	
Employee Last Name		First Name	M.I.	Home Phone	
				Work Phone	
<p>As a Health Savings Account (HSA) participant, you may choose to make deposits into your HSA through pre-tax payroll deductions by Employer Services Corporation. You may also make deposits directly into your HSA. For assistance with contributing directly to your HSA, please contact Wells Fargo Health Benefit Services at (866) 890-8317.</p> <p>Note: Please allow 14 business days for your payroll deductions to be set-up for your account. Once payroll deductions are set-up you must complete the <i>Cancellation Request</i> section below to cancel payroll deductions.</p>					
Payroll Deduction Set-up / Change Request					
<input type="checkbox"/> Set-up Payroll Deductions		Deduction Amount per Pay Period		Request Date	
		\$			
<p>Note: 2007 Tax Year Maximum HSA Contribution Amounts \$2,850 for Single Coverage; \$5,650 for Family Coverage</p>					
<input type="checkbox"/> Change Payroll Deduction Amount		Deduction Amount per Pay Period		Request Date	
		\$			
<p>Note: 2007 Tax Year Maximum HSA Contribution Amounts \$2,850 for Single Coverage; \$5,650 for Family Coverage</p>					
<p>I hereby authorize Employer Services Corporation to make pre-tax payroll deductions on my behalf as stated above. I understand that I must complete the Payroll Deduction Cancellation Request section below to cancel these deductions.</p>					
Signature of Employee				Date	
<th>Payroll Deduction Cancellation Request</th>					Payroll Deduction Cancellation Request
<input type="checkbox"/> Cancel Payroll Deductions		Effective Date of Request			
<p>I elect to cancel my payroll deductions through Employer Services Corporation on the Effective Date listed above. I understand that to reinstate payroll deductions I must complete the Payroll Deduction Set-up section above and submit it to Employer Services Corporation.</p>					
Signature of Employee				Date	

ESC USE ONLY	Date Received:	Date Processed:	Initials:
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