



## HSA Direct Deposit Authorization

Use this form to authorize Employer Services Corporation to payroll deduct pre-tax contributions for deposit into your Health Savings Account.

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. Please contact your financial institution for more details on how to deposit directly into your HSA.</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 Cancellation Request 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<br>\$ | Request Date |            |                   |
| <b>Note: 2018 Tax Year Maximum HSA Contribution Amounts<br/>\$3,450 for Single Coverage; \$6,850 for Family Coverage</b>   |                                       |              |            |                   |
| <input type="checkbox"/> <input type="checkbox"/> Change Payroll Deduction Amount  | Deduction Amount per Pay Period<br>\$ | Request Date |            |                   |
| <b>Note: 2018 Tax Year Maximum HSA Contribution Amounts<br/>\$3,450 for Single Coverage; \$6,850 for Family Coverage</b>   |                                       |              |            |                   |
| Bank Account Information   |                                       |              |            |                   |
| Bank Name  |                                       |              |            |                   |
| Routing Number   |                                       |              |            |                   |
| Account Number   |                                       |              |            |                   |
| Account Type:  |                                       |              |            |                   |
| <input type="checkbox"/> Checking<br><input type="checkbox"/> <input type="checkbox"/> Savings   |                                       |              |            |                   |
| <b>Note: The form must be returned with official documentation from your financial institution showing that this account is a valid Health Savings Account. You must also specify whether the account is classified as a savings or checking account. *****</b>  |                                       |              |            |                   |
| Authorization  |                                       |              |            |                   |
| 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 to cancel these deductions.   |                                       |              |            |                   |
| Signature of Employee  |                                       |              |            | Date              |



# Health Savings Account Account Authorization Form

## Enrollment Election

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223.

## Appointment of Employer as Special Agent for Account Opening Purposes

By signing below, I appoint Employer Services Corporation ("Employer") as my special agent for purpose of opening and administering payroll deductions and deposits into my Health Savings Account.

As my special agent, Employer will verify and record information to identify each individual who opens a Health Savings Account for purposes of helping the government of the United States fight money laundering activities and terrorism funding. I hereby provide the Identifying Information listed below to Employer and authorize Employer to forward this information to \_\_\_\_\_ on my behalf in furtherance of establishing a Health Savings Account.  
Financial Institution

I agree that Employer will be my special agent unless and until the earlier of the following three events occurs: (i) I submit written notice to Employer that I intend to terminate this appointment, and Employer has a reasonable period of time to act on such notice, (ii) I receive confirmation from my financial institution that my account has been established; or (iii) I receive a notice from my financial institution that my application for an HSA has been declined.

## Identifying Information: Employee Name, Address, Date of Birth, Social Security Number, Phone Number, Country of Citizenship

Print: \_\_\_\_\_  
First Name Middle Initial Last Name

Print: \_\_\_\_\_  
Residential Street Address (No P.O. Box) City State Zip Code

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Social Security Number Home/Cell Phone Number

\_\_\_\_\_  
Country of Citizenship Residency Status  
(U.S. Citizen or Permanent/Resident Alien or Non-Permanent/Non-Resident Alien)

## Signature of Employee

By signing below, I agree to the above. I also authorize Employer to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA.

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