

# City of DuPont

# HSA Deposit Authorization

**Purpose of Authorization:** (Check one, complete the appropriate sections, then return form to payroll)

**New Authorization**  
(Complete A, B and C)

**Changes to Existing Authorization**  
(Complete A, B and D)

**Cancellation**  
(Complete A and E)

## A. Employee Information

Full Name (please print)

## B. Banking/Financial Institution Information (attach a voided check or savings deposit slip for each account)

Name of Bank/Financial Institution

**HSA Annual Contribution**      Amount to be deposited \$ \_\_\_\_\_

Name of Bank/Financial Institution

**HSA Employee Contribution**      \$ or % to be deposited \_\_\_\_\_

## C. New Authorization Statement

I authorize and request my employer to send the amount stated above to the noted financial institution to my Health Savings Account (HSA). I understand I may terminate this agreement at any time by completing another authorization form and sending it to the Payroll Department, allowing a reasonable time for my employer to act upon my request for termination. If funds to which I am not entitled are deposited to my account, I authorize the City of DuPont to direct the bank to return said funds to the City of DuPont.

Employee's signature

Date Signed

## D. Change Authorization Statement

I authorize and request my employer to make the changes indicated on this form for automatic deposit of into my HSA.

Employee's signature

Date signed

## E. Cancellation Statement

I request that my employer terminate my authorized deposits to my HSA. I will allow a reasonable time for my employer to act upon my request to terminate this agreement.

Employee's signature

Date signed

## Payroll Use Only

Date request received

Date Posted to system

Posted By