

HSA Direct Deposit Authorization Form

Employee Name	Employee SSN
<input type="text"/>	<input type="text"/>

This is a: New setup Change

HSA Direct Deposit Authorization

Name of Bank

Dollar Amount Per Paycheck to Direct Deposit in to HSA	Effective Date:
\$ <input type="text"/>	<input type="text"/>

I hereby authorize Pike County to direct deposit my selected dollar amount above in to my HSA account via Electronic Funds Transfer.

I agree to re-file this form in the event that my direct deposit selections change.

I hereby release Pike County from any liability associated with errors related to the deposit of funds into my account. Pike County is responsible only for depositing my HSA dollar amount, not for bank errors or processing time.

Employee Signature	Date
<input type="text"/>	<input type="text"/>

MAX CONTRIBUTIONS (Includes Employer Contribution)

HSA Contribution Limit	2020
Single	\$3,550
Family	\$7,100
Additional Catch-Up Contribution For Those 55+	\$1,000

*Maximum includes all contributions and plans combined, including any funds the employer contributes to their plan. Medicare Part-A or Part- B participants may not contribute to an HSA.

CANCELLATION

NOTE: Cancellation of HSA direct deposit authorization could be due to termination of employment or other reasons.

I hereby cancel the authorization for HSA Electronic Funds Transfer.

Employee Signature	Date
<input type="text"/>	<input type="text"/>