



## Health Savings Account (HSA) Direct Deposit Authorization

On or around the 10th of the month, Payroll will send a prenote to your financial institution to verify the routing and account numbers as listed below. If verified, your HSA deduction from your paycheck will be deposited into your account on the next payday.

I hereby authorize Jordan School District's Payroll Department to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below. This authorization is to remain in full force and effect until Payroll has received notification from me terminating direct deposit, at such time and in such manner as to afford Payroll a reasonable time to act. I realize that I am responsible to notify the Payroll Department when changes are made regarding my account.

**Must check one:**

I am enrolled in another HSA :  NO  YES

Employee Name: \_\_\_\_\_  
(please print)

Birth Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p align="center"><b>NEW HSA ACCOUNT</b></p> <p align="center"><b>THIS WILL NOT BE ACTIVE UNTIL PAYROLL RECEIVES DOCUMENTATION FROM FINANCIAL INSTITUTE VERIFYING THIS IS AN HSA ACCOUNT</b></p>	<p><b>2023 Annual Limits - Please check one:</b></p>
<p>Institution: _____</p> <p>City/State: _____</p> <p>Routing # _____</p> <p>Account # _____</p> <p><small>Account information not needed if you are only changing the monthly amount</small></p> <p>Monthly Amount: \$ <input style="width: 150px; height: 20px;" type="text"/></p>	<p><input type="checkbox"/> Individual \$3,850 Annual</p> <p><input type="checkbox"/> Family/Two Party \$7,750 Annual</p> <p><b><u>Please check if applicable:</u></b></p> <p><input type="checkbox"/> Additional Catch-up Contribution \$1,000 Annually (55 or older)</p>