



Minooka Community Consolidated School District #201

Authorization Agreement for HSA Employee Contribution

EMPLOYEE NAME (Please Print): _____

I hereby authorize Minooka Community Consolidated School District #201 to make deductions in the amount of \$_____ per pay from my paychecks and forward the funds to my HSA account with _____, account # _____.

This authorization will remain in effect until MCCSD #201 has received written notification from me of its termination or change and has a reasonable opportunity to act on it.

I also understand that it is my responsibility that I do not exceed the maximum contribution and that I can obtain the current rules and regulations by contacting my bank.

Employee Signature: _____ Date: _____