

# Warren Local School District

## Treasurer's Office

### Employee Authorization for Payroll Deduction to Health Savings Account

I wish to: <input type="checkbox"/> Begin a deduction	<input type="checkbox"/> Change my deduction	<input type="checkbox"/> Stop my deduction	Effective Date _____
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Name:	SSN
Address:	Building
City/State/Zip Code	Extension
Email:	

I elect to contribute \$ \_\_\_\_\_ per paycheck to my HSA Account

By signing this form, I am requesting that payroll deductions be started or changed as shown above and agree to the preceding terms. I understand there are maximum limits I can contribute to my HSA per IRS rules and I may be liable for tax penalties if I exceed this amount.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

***This information needs filed with the treasurer's office 3 weeks prior to taking effect.***