

WEBSTER GROVES SCHOOL DISTRICT

HEALTH SAVINGS ACCOUNT

2023-2024

PAYROLL AUTHORIZATION FORM

I _____ authorize Webster Groves School District to
(print name)

deduct \$ _____ per month from my paycheck effective

_____ to be deposited into my Health Savings Account.
(beginning pay period)

This amount will be in addition to the \$123.00 that the district is contributing to my Health Savings Account.

Signature

Date