WEBSTER GROVES SCHOOL DISTRICT

HEALTH SAVINGS ACCOUNT

2026-2027

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 $170.00 that the district is contributing to my Health Savings Account.

_____
Signature

_____
Date