

# TWO RIVERS SUPERVISORY UNION

## HSA PAYROLL DEDUCTION ENROLLMENT/CHANGE AUTHORIZATION FORM

I hereby authorize the Two Rivers Supervisory Union to initiate or change my payroll deduction into my Health Savings Account. Changes are limited to one (1) per month.

This authority is to remain in full force and effect until Two Rivers Supervisory Union has received written notification from me of its termination or change in such time and in such manner as to afford the Two Rivers Supervisory Union a reasonable opportunity to act on it.

\_\_\_\_\_  
EMPLOYEE NAME – PLEASE PRINT

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_/\_\_\_/\_\_\_ DATE

PLEASE CHECK ONE:

\_\_\_ Please deposit this amount of my pay per pay period into my Health Savings Account: \_\_\_\_\_.

\_\_\_ Please change the amount of my current deduction from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_  
Payroll Date

\_\_\_ Please stop my contributions until further notice (as of \_\_\_\_\_)  
Payroll Date

\_\_\_\_\_  
Payroll

\_\_\_\_\_  
Date