



## City of Murray

# HSA Direct Deposit Authorization

1. Complete **Part A** of this form.
2. Staple a voided check or deposit slip that will be receiving funds onto **Part B** (if you do not have a check or deposit slip have the bank complete **Part D**).
3. Sign **Part C**.
4. Return the completed form(s) to the payroll department.

### PART A

I authorize **THE CITY OF MURRAY** to initiate credit entries and, if necessary, initiate any debit entries to correct a previous credit error to my account at \_\_\_\_\_  
(list bank name). I authorize the following credit to be made (check box):

☐ Employer Contribution

#### **Employee payroll deduction amount**

☐ Withhold and deposit to my HSA \$ \_\_\_\_\_ of my (bi-weekly) gross pay.

☐ Withhold and deposit to my HSA \_\_\_\_\_ % of my (bi-weekly) gross pay.

### PART B

Staple voided check or deposit slip here.....

### PART C

I understand that this authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

See back for Part D.....

**PART D**

*Bank use only:*

Bank Name: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Account #: \_\_\_\_\_



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### Employee Contributions:

I, \_\_\_\_\_, would like to change the amount I am depositing into my Health Savings Account. Please fill out the section below with the new information.

#### *Employee payroll deduction amount*

☐ Withhold and deposit to my HSA \$ \_\_\_\_\_ of my (bi-weekly) gross pay.

☐ Withhold and deposit to my HSA \_\_\_\_\_ % of my (bi-weekly) gross pay.

I understand that this only reflects changes to the amount I, the employee, am depositing into my Health Saving Account. I understand that this form will not be used to update any changes to my bank account information such as a change in banks or accounts. This authorization replaces any previous authorization and will remain in effect until my employer receives written notification from me of its termination. By signing below I acknowledge that I have read and understand the information contained in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_