PAYFLEX®

PayFlex Health Savings Account (HSA) Payroll Deduction

Instructions

- This form allows you to have HSA contributions deducted from your pay. You may use this form to authorize either a one-time transaction or periodic transfer.
- Please keep a copy of the completed form for your files.
- Please submit the completed form to your employer.

Account Holder Information

Name : Last	First	MI

Birthdate (MM/DD/YYYY)	Social Security Number	Daytime Telephone Number	Evening Telephone Number
/ /	/ /	( ) -	( ) -

Street Address

_____

_____

_____

City State ZIP Code Country

Employer Name

Payroll Deduction

Please check the following that applies:

☐ **Lump sum:** I wish to authorize a ***one-time*** contribution to my HSA in the amount of $ _____.

☐ **Periodic deduction:** I wish to authorize a bi-weekly contribution to my HSA in the amount of $ _____.

Authorization

I hereby authorize my employer to deduct the amount(s) above from my pay and remit such amount(s) to PayFlex or its designee ("PayFlex") for deposit into my PayFlex HSA. I understand that the timing of deductions will be established between PayFlex and my employer. If I have authorized periodic deductions I may terminate that authorization on at least one month's prior written notice to my employer.

X _____ _____ _____

Signature Print Name Date Signed