HEALTH SAVINGS ACCOUNT PAYROLL DEDUCTION FORM

(FORM MUST BE RETURED TO THE TOTAL REWARDS OFFICE)

Use this form to authorize deductions from your paycheck to be automatically contributed to your Health Savings Account. After completing Sections 1 and 2 make a copy for your records and give the original form to the Benefits Office. If you have any questions when completing this form, please contact the Total Rewards Office at 303-871-7420.

Please note that DU cannot begin making employer contributions to your HSA account without your account number so, even if you should elect to NOT contribute to your HSA, you will need to complete and return this form to the Total Rewards Office.

☐ Establish Payroll Deduction for First Time
☐ Change Payroll Deduction Amount
☐ Stop Payroll Deduction

Wells Fargo HSA Account Number

1 ACCOUNT HOLDER INFORMATION

Employee's First Name MI Last Name

Street Address or P.O. Box

City State Zip

DU ID# Home Telephone Work Telephone

Email address

2 PAYROLL DEDUCTION

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Amount of Deduction

☐ Monthly
☐ One Time

SIGNATURE: _____ DATE: _____

ACCOUNT HOLDER: Please complete the above information and return to your **EMPLOYER.**
Fax# 303-871-3656