

HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION FORM

Use this form to authorize deductions from your paycheck to be automatically contributed into your health savings account. After completing sections 1 and 2, make a copy for your records and return the form to Human Resources via email Benefits@du.edu. If you have any questions when completing this form, please contact Human Resources at Benefits@du.edu.

Establish Payroll Deduction for the first time		DU ID Number		
Change Payroll Deduction A	mount			
Stop Payroll Deduction				
SECTION 1: ACCOUNT HOLDER INF	ORMATION			
Employee's First Name	Middle		Last Name	
Home Address or PO Box		City	State	Zip Code
Home Telephone		Wor	k Telephone	
Email Address				
SECTION 2: PAYROLL DEDUCTION				
Payroll Deduction: \$	ll · ll	Ι [Monthly	One Time
Payroll deduction changes are effe the month. Forms received after n				bmitted by the 20 th of
Signature:		Da	te:	

Return this form to Human Resources via email **Benefits@du.edu**.