



HSA Direct Deposit Employee Signup Form

Employee Instructions

1. Complete the employee required information section.
2. Complete the HSA Deposit section to specify where you want your pre-taxed dollars deposited and dollar amount.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to the Human resource department.

EMPLOYEE – Required Information

Please Print

Employee Name _____

Banner ID Number _____

Complete for HSA Pre-Taxed Dollar Deposit

Check One: Add ☐ Change ☐ Cancel ☐

I would like my pre-taxed dollars deposited into my Health Savings Account:

Bank Name _____

Account Number _____

Routing Number _____

I wish to deposit per pay date:

Dollar Amount \$ _____ .00

Please attach:

Bank letter or specification sheet*

*See your local bank representative

NOTE: Management of your bank account is a personal responsibility. Medaille College assumes no responsibility for overdrawn accounts due to delays in processing. Employees should always first check their account balance to validate deposit information prior to withdrawals.

Employee Signature _____ Date ____ / ____ / ____

Human Resource Approval _____ Date ____ / ____ / ____

Return this original form to Human Resources.

C: Payroll