

# Health Savings Account Payroll Deduction Form

Upon enrolling in our health savings account we need to know the dollar amount and paycheck type you wish us to use for your payroll directed health savings account contribution.

Employer: \_\_\_\_\_

**HSA Account Number:** \_\_\_\_\_

Payroll Deduction: \$\_\_\_\_\_ (Deduction Amount per pay period)

Bonus Payroll Deduction: \$\_\_\_\_\_ (Deduction Amount per bonus check)

One time \_\_\_\_\_ Recurring \_\_\_\_\_

Today's Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Work Location: \_\_\_\_\_ Work Number: \_\_\_\_\_

*It is the employee's responsibility to consult with Midwest Heritage Bank regarding maintenance of their HSA account. Contributions made in excess of IRS limits are the responsibility of the account owner. Contributions made by Employer are included in and subject to IRS limits and can only be made if limits have not been exceeded.*

## Designation of Authorized Signer

Regulations require that only one individual own a Health Savings Account (HSA), however, Midwest Heritage Bank provides for the designation of an authorized signer who can exercise your rights with respect to the HSA. The designated authorized signer must be an adult covered under the high deductible health plan (HDHP). Furthermore, this designation of an authorized signer is applicable only to the funds held in your Midwest Heritage Bank HSA and can be revoked or changed by you in writing at any time.

Yes, I would like to designate an Authorized Signer on my HSA

No, I do not want to designate an Authorized Signer on my HSA

I authorize him/her to perform transactions on my behalf including:

- Request funds disbursements via check, debit card withdrawal, ACH, wire transfer, or by any other means;
- Make deposits or transfers to the HSA;
- Inquire on the HSA including current balance, transaction history, or any other information pertaining to the HSA;
- Request research such as duplicate statements or copies of cleared checks;
- Order checks and debit cards; and
- Notify Midwest Heritage Bank of any HSA-related disputes.

You specifically authorize Midwest Heritage Bank, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that Midwest Heritage Bank receives a written revocation of this authorization and has time to act upon the revocation. You understand that you are responsible for ensuring the authorized signer reads and understands the HSA account documents and disclosures that have been provided to you. You further understand that you bear sole responsibility for any tax consequences that result from any actions taken by the authorized signer regarding your HSA.

*No present or future ownership or right of survivorship is given to the authorized signer by this authorization. Upon notice to Midwest Heritage Bank of your death, this authorization terminates and rights to the funds in your HSA will be transferred to your beneficiaries. In the event you did not name a beneficiary or your beneficiary predeceases you, your HSA balance will be transferred to your estate.*

**Authorized Signer Information**

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

HSA Account Number: \_\_\_\_\_

Order my HSA Authorized Signer a HSA  debit card  checks  both

HSA Owner Signature: \_\_\_\_\_

Authorized Signer's Signature: \_\_\_\_\_

**Please turn in completed form to the Midwest Heritage Bank.**