Canton Union School District #66

Authorization for Direct Deposit of Health Saving Account Contributions Health Plan Year effective January 1 – December 31, 2017

Employee Information – please print									
Name (Last, First	, MI) _								
SSN#: -	-			Email Address:					
Street Address:									
City:					_ State:		Zip:		
Daytime Phone:	()	-		Home Phone:	() -		

Election Amount

By my signature below, I authorize Canton Union School District #66 to make salary reduction contributions on my behalf to the following bank account for the plan year. CUSD #66 reserves the right to retrieve any funds deposited in error

Calendar Year 2017 IRS Maximum election limited to \$3,400 for Single or \$6,750 for Family. Employees age 55+ may contribute an additional \$1,000 per year.

Per Pay Period _____ Annual Election _____

Direct Deposit Information

By my signature below, I hereby authorize my employer to initiate credit and/or debit entries to my account for my HSA transactions to the depository named below.

Account Holder	
Bank Name & Address	
ABA Bank Routing Number	
Account Number	
Signature of Account Holder	

*ATTACH A VOIDED CHECK TO THIS FORM.

Employee Signature