



HSA Deduction Authorization

New Participant

Change

Employee: _____

Initial Deposit _____
(this should be the total you wish to contribute with your first deduction)

Regular Per Payroll Deposit: _____

Start Date: _____

Employees and employers may contribute to an HSA account. Total deposits into HSA accounts cannot exceed your deductible. If you are enrolled for a partial year you may only contribute a pro-rata share of the deductible. Participants over the age of 55 may contribute an additional \$600 for the year of 2005. The catch-up is also subject to the same pro-rata limits. Rules and contribution limits may change. Excess contributions may be subject to tax penalties. Employer Support Services, Inc. is not liable for excess contributions.

Additional information about Health Savings Accounts may be found at www.hsabank.com or www.irs.gov.

Bank _____

Address _____

City _____ State _____ Zip _____

I HEREBY AUTHORIZE EMPLOYER SUPPORT SERVICES, INC. TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ERROR TO MY ACCOUNT AND I AUTHORIZE THE FINANCIAL INSTITUTION NAMED ABOVE TO PROCESS SAID CREDIT ENTRIES.

THIS AUTHORITY IS TO REMAIN IN FULL FORCE EFFECT UNTIL EMPLOYER SUPPORT SERVICES, INC. HAS RECEIVED WRITTEN NOTIFICATION FROM ME IN SUCH A MANNER AS TO AFFORD EMPLOYER SUPPORT SERVICES, INC. AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

Signature _____

Date _____