



# Employee Health Savings Account (HSA) Form

Payroll Manager – Complete this section and enter data into your CPS payroll system for each employee enrollment.

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

Please complete this form in its entirety:

Employee Name: \_\_\_\_\_

Employer Match Amount: \$\_\_\_\_\_ or  Not Applicable

Employee deduction Amount: \$\_\_\_\_\_ or  Not Applicable

New Account Setup  Change to an existing account

### **Banking Information:**

Bank Name: \_\_\_\_\_

Bank Routing Number (ABA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**Important! Please read and sign before completing and submitting.**

***I hereby authorize CPS to deposit the amount listed above, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter called "Bank") indicated on this form. Further, I authorize "Bank" to accept and to credit any credit entries indicated by CPS to my account. In the event that CPS deposits funds erroneously into my account, I authorize CPS to debit my account for an amount not to exceed the original amount of the erroneous credit.***

This authorization is to remain in full force and effect until CPS and Bank have received written notice from me of its termination in such time and in such manner as to afford CPS and Bank reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_