



## HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTION FORM

Use this form to authorize deductions from your paycheck to be automatically contributed into your health savings account. After completing sections 1 and 2, make a copy for your records and return the form to the Shared Services Center via email [Benefits@du.edu](mailto:Benefits@du.edu). If you have any questions when completing this form, please contact Shared Services Center at [Benefits@du.edu](mailto:Benefits@du.edu).

Establish Payroll Deduction for the First time

Change Payroll Deduction Amount

Stop Payroll Deduction

### SECTION 1: ACCOUNT HOLDER INFORMATION

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Employee's First Name	Middle	Last Name
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Home Address or PO Box	City	State	Zip Code
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