

# HEALTH SAVINGS ACCOUNT DIRECT DEPOSIT FORM

Please check all that apply:

Update HSA bank information

HSA Checking

Bank Routing # (ABA#) \_\_\_\_\_

Checking Account # \_\_\_\_\_

Update voluntary contribution amount to be withheld from paycheck each pay period

Amount to deduct from paycheck and deposit into HSA Checking per period. \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: For 2015, the DuPage Airport Authority contributes \$50 for Employee or \$100 for family per month into your HSA account.**

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UTLOOK\YXV8DW  
GH\HSA DIRECT  
DEPOSIT  
FORM.DOC

Revised  
08/99

FOR OFFICE USE ONLY:

EMPLOYEE #: \_\_\_\_\_

DATE SUBMITTED TO ISI: \_\_\_\_\_

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