

MSD Washington Township HSA Payroll Authorization Form

Social Security XXX – XX HSA Account Routing Nu 271291826	Birth Date		Position ligit # that starts with 50 ag Account Number	4 or 505) Per Pay Deduction Amou
xxx - xx			ligit # that starts with 50	
•	Birth Date	(Typically a 9 d		4 or 505)
•	Birth Date		Position	
Social Security	Birth Date	T	Position	
		<u>\</u>		I
Last Name (Please print)			First Name	M. I.
f a new form is not complethe he same.	ted for the	new calenda	ar year, the per pay	deduction will remain
DEDUCTION SCHEDULE: 26 pay employees will have will have 18 contributions a		ontributions	annually and less	than 26 pay employees
Cannot use Open Enrollme turn into Payroll.	nt Portal to	add, chang	e, or stop HSA. M	ust complete form and
PLEASE NOTE: Please prince Please prince Control Please prince Please Pl	-	ed form and	send a hard copy	to the Payroll
TOWNSHIP SCHOOLS		To be Effec	ctive on Paydate:_SSS	
WASHINGTON TOWNSHIP SCHOOLS			oox above, complete the ent	□Stop ire form, and return to Payroll.)

Please submit signed original to the Payroll Department at CEC for processing. Thank you.