



# MSD Washington Township HSA Payroll Authorization Form

**New**                     
  **Change**                     
  **Re-enrollment**  
 (Check one box above, complete the entire form, and return to Payroll.)

International Baccalaureate World School District  
 8550 Woodfield Crossing Blvd. | Indianapolis, IN 46240-2478  
 www.msdt.k12.in.us

**PLEASE NOTE: Annual IRS Maximum Contribution Limits for Calendar Year 2021:**

	<u>2021</u>	<u>2021 with \$1000 Catch-up*</u>
Single	\$3,600	\$4,600
Family	\$7,200	\$8,200

**\*Note: If you are age 55 or over, you are eligible to contribute an additional \$1,000 annually.**

Annual contributions will be deducted evenly over the number of annual pays your position is scheduled to receive. For example, if you are an employee that is paid 26 times annually, an annual contribution of \$3,600 would result in a bi-weekly deduction of \$138.46 for calendar year 2021 (\$3,600/26).

Last Name (Please print)		First Name	M. I.
Home Phone	Cell Phone	Email	
Street		City	Zip

Social Security XXX - XX - _____	Birth Date	Position
-------------------------------------	------------	----------

(Typically a 9 digit # that starts with 504 or 505)

HSA Account Routing Number	HSA Checking Account Number	2021 Biweekly Deduction
271291826		

I hereby authorize the electronic funds transfer of my HSA contribution from MSD Washington Township to the Teachers Credit Union account designated above. MSD Washington Township is also authorized to initiate any correcting entries (debit or credit), if necessary. This authorization shall remain in effect until revoked by me in writing to the payroll department of MSD Washington Township.

Employee Signature	Date
--------------------	------