

Northland Pines School District Health Savings Account (HSA) Form

HSA Account Information & Deposit Authorization

I authorize Northland Pines School District and the Financial Institution named below to initiate electronic CREDIT entries, and as necessary, any adjustments needed to correct entries made in error, to the Health Savings Account listed below.

Bank Name: _____

Routing Number: _____

HSA Account Number: _____

Please select the type of account.

Checking Account Savings Account

HSA Additional Contribution Authorization

I authorize Northland Pines School District to make the following additional contributions to my Health Savings Account.

Per Pay Contribution: _____

Start Date: _____ End Date: _____

HSA Additional Contribution Cancellation

_____ Please STOP making additional contributions to my Health Savings Account as of _____

Name: _____ Signature: _____

Date: _____

The maximum annual contribution to a Health Savings Account may be impacted by the District's contribution. There are also special catch-up contribution limits if you are 55 or older. You should contact your tax advisor regarding your personal situation and individual annual maximum HSA contribution amounts.

Processed by D.O. _____