



WASHINGTON C. H. CITY SCHOOLS
306 HIGHLAND AVENUE • WASHINGTON C. H., OHIO 43160
740-335-6620 • Fax 740-335-1245 • www.wchcs.org

HSA CONTRIBUTION FORM

Recipient's Name _____ Social Security Number _____

Address _____

City _____ State _____ ZIP _____ Phone Number _____

HSA CONTRIBUTION INFORMATION

- Your name must be on the account.
- Forms received prior to the 12th of the month will be processed for payment the second pay of the month. Forms received after the 12th of the month will be process for payment the first pay of the following month.
- It is the responsibility of the employee to monitor the IRS limits for contributions to HSAs.

COMPLETE THE FOLLOWING:

Name of Financial Institution _____ Phone Number _____

Account Number _____ Nine-digit routing or transit number

To elect contributions to your HSA account, you must ATTACH A VOIDED CHECK PRE-PRINTED WITH YOUR NAME AND ADDRESS OR ATTACH A LETTER FROM THE BANK LISTING YOUR ACCOUNT NUMBER AND ROUTING NUMBER.

Amount to Deduct Per Pay \$ _____

Tape a voided check here.
Washington C. H. City Schools does not accept temporary checks or deposit slips.

RECIPIENT'S SIGNATURE

I, the undersigned, authorize Washington C. H. City Schools to transmit my payments to the above-named financial institution; recover directly from the financial institution any payments electronically deposited to my financial institution to which I am not entitled; and authorize and direct my financial institution on my behalf or on behalf of my estate to refund such benefit overpayments to Washington C. H. City Schools, and charge it accordingly to my account. I also authorize my financial institution to provide Washington C. H. City Schools with account information to assist in recovery of such benefit overpayments, including information about any joint account holders and account transactions occurring after my death. I attest that I am an owner of the account and this authority is to remain in full force until the Treasurer's Office is given written notification from me of its termination in such a timely manner to afford the Treasurer's Office and the financial institution a reasonable opportunity to act on the request.

RECIPIENT'S SIGNATURE (DO NOT PRINT)

DATE