

**East Granby BOE
Health Savings Account
Direct Deposit Authorization Form
2023**

Please print and complete ALL information below:

Name: _____

Address: _____

City, State, Zip: _____

HSA Account #: _____

Bank 9-Digit Routing #: _____

2023 Amount: \$ _____ Calendar year into my HSA *

OR

2023 Amount: \$ _____ Bi-Weekly

*Please keep in mind, there is a HSA contribution limit (total of employer + employee) per calendar year. Per IRS guidelines, you may be penalized if you go over the limit.

The 2023 HSA contribution limits are as follows:

- Self: \$3,850.00
- Family: \$7,750.00
- Catch-up for age 55 or older: \$1,000.00

When calculating how much you would like direct deposited to your HSA via payroll deduction, be sure to subtract the employer amount from the contribution limit then take the difference and divide by the remaining pay periods for the calendar year. EG BOE contributes \$1,000.00 for single coverage and \$2,000.00 for employee plus one or more.

East Granby BOE is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____