



ELITE PAYROLL SOLUTIONS

Payroll Deduction Authorization Client HSA/FSA

Please Type or Print

Employee Name: _____ **Social Security #:** _____
(Last) (First) (MI)

Client Company: _____ **Client #:** _____

I, the above-named employee, hereby authorize my employer to deduct \$ _____ from my paycheck to begin on check date: ____/____/____

Total amount to be deducted (if predetermined): Annual Election \$ _____
Per Pay \$ _____

I understand that this deduction will continue for the plan year _____ and will need to be designated each calendar year.

The deducted amount is to be applied toward CLIENT HSA/FSA

Direct Deposit information for HSA Accounts :


Bank Name : _____

Routing No. _____

Account No. _____

*NOTE: This form is only for the authorization of deductions. Actual enrollment forms must be submitted to the appropriate benefit coordinator

Employee Signature: _____ Date: _____

 **FOR ELITE PAYROLL SOLUTIONS USE ONLY**

Date form received: _____ Form received by: _____

Date form processed: _____ Form processed by: _____