

Health Savings Account Withholding Authorization

I hereby authorize my employer, Barron Area Schools  
to withhold the amount of \$ \_\_\_\_\_ from my regular  
paycheck each pay period beginning on \_\_\_\_\_. This  
authorization will remain in effect until changed or cancelled by  
me, subject to the frequency of change rules established by my  
employer. All funds will be directly deposited to my HSA.

By making this authorization, I agree that I am solely responsible  
for the maintenance and use of the Health Savings Account and  
hold harmless my employer and any other party from any tax  
consequence as a result of the maintenance and use of this account.

\_\_\_\_\_

Employee Signature Date

*Your maximum contribution to a Health Savings Account may be impacted by your participation in your employer sponsored flexible spending account. You should contact your tax advisor regarding your personal situation.*

Name of Bank: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_