Wahoo Public Schools

AUTHORIZATION FORM

EMPLOYEE:	
HEALTH SAVIGNS ACCOUNT CONTRIBUTION	AUTHORIZATION
I hereby authorize Wahoo Public Schools to compensation the following amount:	to deduct from my
Health Savings Account Contribution (Pre-Tax): \$	(per pay period)
2020 Contribution Limit (individual coverage): 2020 Contribution Limit (family coverage): 2020 Catch – up for those 55+	\$3,550 \$7,100 \$1,000
HEALTH SAVINGS ACCOUNT DIRECT DEPOSIT AUT	HORIZATION
I hereby authorize Wahoo Public Schools to make cont deposit into my Health Savings Account at Union Bank Health Savings account Direct Deposit Information	and Trust, CO.:
Routing Number 104914160	
Account Number	
Cignoture	D. I
Signature	Date