



Voluntary Payroll Deduction Request Health Savings Account

Employee Name: _____

Effective Date: _____

I wish to have \$_____ of my pay withheld each pay period and deposited on my behalf by Charlotte Public Schools into my personal Health Savings Account held at Independent Bank.

My HSA account number is _____.

I understand that this is a voluntary deduction that can be changed by submitting a request to the District in writing. I further understand that it is my responsibility to adhere to federal HSA contribution limits.

Employee Signature: _____ Date: _____

Business Office Only:

Processed By: _____ Date Processed: _____