

Client/Employer Name

Client Number

Employee Name

Health Savings Account (HSA)

An HSA is a health savings account set up exclusively for paying the qualified medical expenses of the account beneficiary, spouse, or dependents. It is a type of account that lets employees set aside money on a pre-tax basis to pay for qualified medical expenses. This is accomplished by setting up deductions on the employee's checks that route to their HSA account set up by the provider. As your third-party provider, Heartland can deposit employee and employer contributions directly into the Health Savings Account.

Complete this form in its entirety and provide it to your employer to give to Heartland.

Bank Name for HSA Deposit:

Routing Number:

HSA Type: *(Single or Family/Married)*

Start Date for Deduction Amount:

Deduction: Employee Amount per Pay Period:

Bank Account Number:

Memo: Employer Contribution Amount per Pay Period:*

System Setup Guide

Employer Contribution* If reporting lump sum, report this amount with payroll. For example an Employer that contributes \$500 Semi-Annually, report the lump sum with the payroll in which it should be deposited.

Check out the [IRS website](#) for HSA details. We recommend reviewing the Annual Limit before each upcoming year.

Additional Notes:

I hereby authorize and request the company (hereinafter referred to as Employer) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated above at the bank named above. I also authorize and request the bank to accept any credit entries initiated by my Employer to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer for amounts owed to it because of prior erroneous credit(s) initiated to my account.

It is understood that this agreement may be terminated by me at any time by written notification to my Employer. Any such notification to my Employer shall be effective only with respect to entries initiated by my Employer after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Heartland Payroll, each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer or Heartland Payroll, their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee Signature

Employee Print Name & Date

Client/Authorized Signature

Client/Authorized Print Name & Date

Internal Use Only *(initial)*

Entered by: _____ Date: _____
Verified by: _____ Date: _____