



ABILENE
CHRISTIAN
UNIVERSITY

HSA Contribution Form

The purpose of this form is to make or change contributions to you HSA account. This may be a one-time contribution or to set up per paycheck contributions. Amounts are limited to the maximum allowed by the applicable IRS regulations in a single tax year.

Banner ID

Name

Requested Withholdings

(circle or complete)

Please withhold \$_____ per paycheck for the

remaining paychecks this year.

next _____ paychecks.

OR

Please withhold \$_____, **divided equally** over the remaining paychecks this year.

***In a month with three paychecks, this deduction will only come out of the first two.

By signing this change of election notice, I am requesting that ACU make an adjustment to the previous amount I elected to deduct from my pay and deposit into my Health Savings Account (HSA). I understand that by completing this form I am changing the frequency of my payroll deductions or the amount withheld from my pay for deposit in my HSA, or both. This notice will rescind any prior payroll deductions I elected.

Signature

This form should be turned in
to HR within **ten working days**
to be effective by next pay day.

Date

HR Processing

208 EE

Effective Date _____ Initials _____

End Date _____ Date _____

Received Date _____