



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

<b>Requested Withholdings</b>	(circle or complete)
Please withhold \$ _____ per paycheck for the	remaining paychecks this year.
	next _____ paychecks.
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"><b>OR</b></div>	
Please withhold \$ _____, <b>divided equally</b> 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 \_\_\_\_\_