

HSA Deposit Form



HSA Deposit Authorization

Authorization Information

Important: Please read and sign before completing and submitting. By signing this form you agree to all conditions/fees imposed by the bank for all designated actions. You are allowed to make deposits into checking and savings accounts. Most credit union deductions are considered one savings account. Attach verification of the ACH bank routing number and bank account number for all accounts listed below. Please allow 2-3 pay periods for direct deposit to begin. If you change banks or accounts, you are fully responsible for immediately notifying the Payroll Department of the change. I understand that if my employment is terminated for any reason, my final check may be a live check and would not be deposited automatically into my account. I understand that it is my full responsibility to make prior arrangements accordingly. I authorize and agree that in the event Synuity deposits funds erroneously into my account, Synuity may debit my account for an amount not to exceed the original amount of the erroneous credit.

I, _____, hereby authorize Synuity to electronically deposit to the accounts below:

Authorized Signature: _____ Date: _____

Company Name: _____

HSA Account Information

Type: New HSA Deposit Change HSA Deposit Delete

Bank Name: _____

City: _____ State: _____ Phone: _____

Routing Number: _____ Account Number: _____

Do not provide routing number from a deposit slip, the numbers are not the same.

Contribution Amount

Amount Per Pay Period: _____ OR Annual Contribution: _____

2022 Limits

Employee Only: \$3,650

Employee + 1 or More: \$7,300

55 Years & Older Catch Up: \$1,000

**PLEASE ATTACH THE HSA BANK ROUTING NUMBER AND ACCOUNT NUMBERS
PROVIDED BY YOUR BANK FOR VERIFICATION PURPOSES**