
**Health Savings Account Payroll Deduction Form
Contribution Form**

Name: _____

I hereby authorize Lewis County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution name below hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

Financial Institution: _____

Account/Member Number: _____

Routing Number: _____

Payroll Deduction: _____ (Amount per pay period)

By signing below I understand and will comply with the regulations governing such Plan.

Signature

Date