

SCHOOL DISTRICT OF HOWARDS GROVE
403 Audubon Road, Howards Grove, Wisconsin 53083 (920) 565-4454

HSA Direct Deposit

EMPLOYEE INFORMATION		
Last Name	First Name	HSA Type: <input type="checkbox"/> Individual (1 person) <input type="checkbox"/> Family (>1 person)
Employee HSA Contribution per pay period:		

2024 Maximum Contributions	
Individual (one person) \$4,300 (2025)	Family (more than one person) \$8,550 (2025)
<i>NOTE: Annual contribution maximums include both employer and employee contributions made to the HSA.</i>	

Main Account

Bank Name _____

Bank City, State _____

Bank Routing Number _____ HSA Account Number _____

☐

Checking

☐

Savings

I hereby authorize the School District of Howards Grove to initiate ACH entries to my account(s) indicated above and the depository (bank) named above. This authority will remain in effect until written notification from me of its termination in such time and in such manner as to afford The District a reasonable opportunity to act on it.

Signature _____ Date _____