

**PAYROLL DEDUCTION FORM**

**PARTICIPANTS PERSONAL INFORMATION**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAYROLL DEDUCTIONS**

Amount per payroll \$ \_\_\_\_\_  Per Payroll  Monthly

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ (if applicable)

(Note: You will need to consult with your employer to determine your options for frequency of deductions.)

**Community Bank & Trust  
604 North 8<sup>th</sup> Street  
Sheboygan, WI 53081**

**Bank Routing Number: 075912615**

HSA Checking Account Number \_\_\_\_\_

**SIGNATURE**

I understand the eligibility requirements for the type of HSA contribution I am making and I state that I do qualify to make the deposit.

I assume complete responsibility for:

1. Determining that I am eligible for an HSA when I make a contribution;
2. Insuring that all contributions I make are within the limits set forth by the tax laws; and
3. The tax consequences of any contribution (including rollover or transfer contributions) and distributions.

\_\_\_\_\_  
Employee Signature (HSA Account Owner)

\_\_\_\_\_  
Date