

**Health Savings Account
Automatic Payroll Deduction Form**

Employee ID# Employee Branch/Department Employee Name

I hereby authorize and request my employer to direct the requested amount of wages earned for credit in my Health Savings Account at MainSource Bank. Automatic payroll deductions into H.S.A.'s will be made twice monthly – 24 pays per year. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicated to wages. This authorization will remain in effect until amended or until canceled by written notice from me; however, the Company reserves the right to cancel this agreement by written notice to me at any time.

H.S.A. Account Number Amount to be deducted from paycheck
[Two (2) pays per month] THIS SHOULD
BE A PER PAY AMOUNT. Payroll Effective Date

Employee Signature Date

HR/Benefits Use Only

YTD EE Contribution Amount: _____
YTD ER Contribution Amount: _____
YTD Total Contribution Amount: _____

HR Acknowledgement

Date Processed

Notes