



Iredell County Human Resources

Post Office Box 788
Statesville, North Carolina 28687-0788

PAYROLL AUTHORIZATION:

Voluntary Health Savings Account (HSA) Contributions

Starting or Adjusting Contributions:

I _____ request a voluntary payroll deduction of \$_____ per pay per
Print Name

period to be deposited into my H.S.A with the State Employees Credit Union. I understand it is my responsibility to notify HR if I wish to stop/adjust this deduction during the plan year.

DEDUCTIONS ARE TO BEGIN ON ___/___/___ PAYCHECK DATE

Stopping Contributions:

I _____ request my voluntary H.S.A. payroll deduction to STOP being
Print Name

deposited into my H.S.A with the State Employees Credit Union. I understand it is my responsibility to notify HR if I wish to start/adjust this deduction during the plan year.

DEDUCTIONS ARE TO STOP ON ___/___/___ PAYCHECK DATE

Employee Signature

Date

Department

Employee ID Number