Authorization for Direct Deposit of HSA Contributions
Plan Year effective January 1, 2027 – December 31, 2027

Employee Information – please print

Name (Last, First, MI) _____

SSN#: XXX - XX - _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: ( ) - _____ Home Phone: ( ) - _____

Election Amount

By my signature below, I authorize Bradley University to make salary reduction contributions on my behalf to the following bank account for the plan year. Bradley University reserves the right to retrieve any funds deposited in error

- *Calendar Year 2027 Maximum election limited to $4,500 for Single or $9,000 for Family. Employees age 55+ may contribute an additional $1,000 per year.*

Per Pay Period _____ Annual Election _____

Direct Deposit Information

By my signature below, I hereby authorize my employer to initiate credit and/or debit entries to my account for my HSA transactions to the depository named below.

Account Holder _____

Bank Name & Address _____

ABA Bank Routing Number _____

Account Number _____

Type of Account (please check one): Savings ___ Checking ___

Signature of Account Holder _____

_____

Employee Signature Date