



# Health Savings ADMINISTRATORS

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[www.HSAadministrators.com](http://www.HSAadministrators.com)

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## **Authorization Agreement Payroll Deduction Authorization**

### *Individual Contribution Account*

I hereby authorize Montgomery County to withhold the following amount from my paycheck per month: \$\_\_\_\_\_. I understand the monthly amount withheld will be split into two payments each month and that I can change the amount once per month.

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Employee's Name

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Date

**Please return this form to Human Resources Department.**