



City of Gunnison
Payroll Deduction Authorization for Health Savings Account

I hereby authorize the CITY OF GUNNISON, hereinafter called CITY, to initiate pre tax deductions from my paycheck to credit entries for my health savings account indicated below and the financial institution named below, hereinafter called DEPOSITORY. This authority is to remain in effect until CITY has received written notification from me of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it.

_____	_____
Name	Employee Number
_____	_____
Signature	Effective date of Authorization

Financial Institution Name & Address

Please check one of the following:

() ADD - deposit to account: _____

Account number	_____
	Checking (attach voided check) or Savings (attach deposit slip*)

Amount: _____

() CHANGE - make the following change to my account

Description

() Cancel - Stop my participation in the program

PLEASE NOTE: Due to the time required for CITY and DEPOSITORY processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed. There may be an occasional circumstance when fund availability is delayed by a day or two. **Plan Appropriately!!!**