

HEALTH SAVINGS ACCOUNT DEDUCTION



I hereby authorize the following amount to be withheld from my pay for placement into my qualified Health Savings Account with Wells Fargo. This amount will be sent to my Wells Fargo account on the final payroll date of each month.

AMOUNT TO BE WITHHELD EACH MONTH

I want the monthly amount withheld on the:

1st pay of the month

2nd pay of the month

Split between 1st and 2nd

DEDUCTION START DATE (MM/DD/YYYY)

Signature

Date