

Diocese of Toledo Health Benefits Trust HSA Direct Deposit Authorization Form

Once completed, this direct deposit form should be returned to your parish/school payroll administrator for processing.

Employee Information

Full Name: _____

Phone Number: _____

Email: _____

Parish/School/Location Name: _____

Anthem Wealthcare Saver Health Savings Account

Routing Number: 075072157

Account Number: _____

Note: HSA participants may find their account number by logging into their Anthem account through the Sydney mobile app or visiting www.Anthem.com > My Plan > Spending Accounts > Manage My Account. The account number will be hidden for security reasons; click on the “eye” icon to view the entire 12-digit account number. This is not the same as the debit card number.

Account Type: Checking Savings

I elect to contribute \$ ____ . ____ per pay period on a **pre-tax** basis.

Authorization Agreement

I authorize my employer to deduct the amount indicated above from my paycheck and deposit it into my HSA on a pre-tax basis. I understand:

- I am currently enrolled in the Diocese of Toledo Advantage Plan (a qualified High Deductible Healthcare Plan) which permits contributions to a Health Savings Account (HSA)
- Contributions must comply with IRS annual limits.
- I may change my election at any time, subject to payroll processing deadlines.
- It is my responsibility to monitor contributions to avoid excess.
- This authorization remains in effect until I submit written notice to cancel or update my banking information. I understand it is my responsibility to ensure the account information is correct and up to date.

Employee Signature: _____ **Date:** _____

Important Note: This is a pre-tax contribution through a direct deposit to the employee’s HSA account. If/when an employee elects to contribute to their HSA in this manner, the employer’s business manager or bookkeeper must contact DSC Payroll (419-473-1165) to ensure that the deduction and contribution are set up properly.