

**NORTHWESTERN CONSOLIDATED SCHOOL DISTRICT
OF SHELBY COUNTY**

**AUTHORIZATION AGREEMENT FOR
HEALTH SAVINGS ACCOUNT (HSA) PAYROLL DEDUCTIONS**

I hereby authorize NORTHWESTERN CONSOLIDATED SCHOOL DISTRICT OF SHELBY COUNTY to initiate payroll deductions for my Health Savings Account (HSA) with Key Bank.

Date: _____

Employee Name: _____

Amount of Deduction per Pay: _____

Account No.: _____

Employee Signature: **X**_____