

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: HSA Contribution Authorization

I am writing to formally authorize contributions to my Health Savings Account (HSA) as detailed below.

****Employee Information:****

- Name: [Your Full Name]
- Employee ID: [Your Employee ID]
- Department: [Your Department]

****HSA Contribution Details:****

- Contribution Amount: [Specify Amount]
- Contribution Frequency: [Monthly/Quarterly/Annually]
- Start Date: [Start Date of Contributions]

I understand that these contributions will be deducted from my paycheck, and I consent to this deduction each pay period until further notice. Please confirm the processing of this authorization. Should you require any further information, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]