



STERLING HSA™

Salary Redirection Agreement for Health Savings Account

Employee Name: _____ Dept: _____

I authorize the payroll department of the City of Chico to deduct the following amount from my paycheck and to direct the proceeds to Sterling HSA for investment into my Health Savings account.

Amount: \$ _____

- Per pay period Per month
 One time contribution

Please begin this redirection for my paycheck on _____.

This notice is in effect until further notice.

Signature: _____ Date: _____

Official Use Only

Approved by: _____ Date: _____

Pay Period Entered: _____