

ISoft Data Systems, Inc.

AUTHORIZATION FORM

EMPLOYEE: _____

HEALTH SAVINGS ACCOUNT CONTRIBUTION AUTHORIZATION

I hereby authorize **ISoft Data Systems, Inc.** to deduct from my compensation the following amount:

Health Savings Account Contribution (Pre-Tax): \$_____ (per pay period)

2017 Contribution Limit (individual coverage): \$3,400

2017 Contribution Limit (family coverage): \$6,750

2017 Catch-Up Contribution (age 55+): \$1,000

HEALTH SAVINGS ACCOUNT DIRECT DEPOSIT AUTHORIZATION

I hereby authorize **ISoft Data Systems, Inc.** to make contributions via direct deposit into my Health Savings Account at Union Bank and Trust, Co.:

Health Savings Account Direct Deposit Information:

Routing Number 104914160

Account Number _____

Signature

Date