



6860 W. Peoria Avenue, Peoria, AZ 85345  
PHONE (623) 773-0410  
FAX (623) 773-2924

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To: G D BARRI Corporate Payroll Dept.

From –

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contribution deduction for my HSA account **per check** in the amount of: \$ \_\_\_\_\_

2023 Contribution Limits

Family: \$7750

Single: \$3850

\_\_\_\_\_  
(PRINT YOUR NAME HERE)

\_\_\_\_\_  
(SIGN YOUR NAME HERE)

\_\_\_\_\_  
(DATE)