HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Automatic Contribution Authorization for Individual Accountholders

ACH (Automated-Clearing House) Authorization

Instructions: PLEASE PRINT. Mail form and a voided check to:
HSA BANK, P.O. Box 939, Sheboygan, WI 53082
If you are setting up a business account, please contact our Business Relations Department at 866-357-5232. If you have questions regarding this form, call our Client Assistance Center at 800-357-6246.

Account Number at ***HSA Bank***

PART 1: PERSONAL INFORMATION

Social Security # **Birth Date**

First Name **MI** **Last Name**

Street Address *(Required)*

PO Box **City**

Home # **Work #**

County **Zip** **State**

Email

PART II: AUTOMATIC CONTRIBUTION INFORMATION

Note: Automatic Contributions are considered to be made for the tax year corresponding to the calendar year in which they are made. Prior-year contributions need to be made by check.

We are pleased to offer you the automatic contribution plan. Now, you can have your HSA contribution made automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service.

The Direct Contribution Plan will help you in several ways:

- It saves time--fewer checks to write.
- Helps meet your commitment in a convenient and timely manner--even if you are on vacation.
- It saves on postage.

Here's how the Automatic Contribution Plan works: You authorize regularly scheduled contributions to be made from your checking or savings account. Your contributions will be made automatically on the specified day. Proof of deposit will appear on your statement. The authorization you give to HSA Bank to debit your personal checking or savings account will remain in effect until you notify us in writing to terminate the authorization. If you wish to change the amount of your automatic contribution, please notify us at least 10 days before the contribution date. The automatic contribution plan is dependable, flexible, convenient and easy. To take advantage of this service, complete this authorization form and return it to us.

I hereby authorize ***HSA Bank*** to transfer $_____ from my personal ☐ checking ☐ savings account #_____

At _____ (Name of Financial Institution), _____ (Branch Address), _____ (State), _____ (Zip Code).

Financial Institution Routing #_____
(Between these symbols |: |: on the bottom left of your check)

Contribution Frequency:
☐ Weekly ☐ Bi-weekly ☐ 15th and end of month ☐ Monthly

PLEASE STAPLE VOIDED CHECK TO THIS FORM

This authorization shall begin on _____ *(date)* and remain in effect until revoked by me in writing. I can stop payment of any contribution by notifying ***HSA BANK*** three (3) days before my personal checking or savings account is charged.

PART III: SIGNATURES Important: Please read before signing.

I hereby authorize the automatic transfer as stated above. I understand the eligibility requirements for the type of HSA deposit I am making and I state that I am eligible to make the deposit.

I assume complete responsibility for:

1. Determining that I am eligible to contribute to my HSA each time I make a contribution.
2. Insuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

_____ _____
Account Holder Signature Date