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

# HSA Contribution Form

**Instructions:** **Use this Contribution Form to deposit funds in your Health Savings Account with HSA Bank. Complete this form and mail with your contribution check to**: HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939.
After your transaction is completed, you can review your transactions in any of the following ways: via your statement, Internet Banking or Bankline (800) 565-3512. Internet Banking and Bankline provide access 24 hours a day, 7 days a week.

## Accountholder Information:

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

**Street Address**

**City** **State** **Zip**

**Account #** (8 digits, from your Welcome Kit or Statement)* **Social Security #** (Account# **or** Social Security # **required**)

***Please include your account number on your check.***

## Contribution Information:

**Contribution Amount:**

$ . 

**Contribution Source:**

☐ Account holder and/or family member
☐ Employer
☐ Employee pre-tax (through Section 125 Plan)

**Contribution For:**

☐ **Current Year** *(yyyy)*
**OR**
☐ **Prior Year** *(yyyy)*

***NOTE: Prior year deposits must be in your account by your tax-filing deadline(typically April 15), NOT including extensions. If no year is specified, your contribution will be deposited for the year in which it was received.***



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