

## Automatic Contribution Form

### ACH (Automated-Clearing House) Authorization

**Requirements:** PLEASE PRINT. Mail form and a voided check to:

*HSA BANK*  
*P.O. Box 939*  
*Sheboygan, WI 53082*

**Account Number**  
 at HSA Bank

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**PART 1: PERSONAL INFORMATION**

<b>Social Security #</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Birth Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>First Name</b>	<input type="text"/>			<b>MI</b>	<b>Last Name</b>				
<input type="text"/>									
<b>Street Address</b> <i>(Required)</i>	<input type="text"/>								
<b>PO Box</b>	<input type="text"/>			<b>City</b>	<input type="text"/>				
<b>Home #</b>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<b>Bus. #</b>	<input type="text"/>	
<b>County</b>	<input type="text"/>				<b>Zip</b>	<input type="text"/>		<b>State</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>								

**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. And, you won't have to change your present banking relationship to take advantage of this service.

**The Direct Payment 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 Payment Plan works:** You authorize regularly scheduled payments to be made from your checking or savings account. Then just sit back and relax. Your contributions will be made automatically on the specified day. Proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of contribution changes, please notify us **at least 10 days before contribution date.** The Automatic Payment 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  checking  savings account # \_\_\_\_\_  
 At \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name of financial institution      Branch Address      State      Zip Code

**Contribution Source:**  Accountholder  Employer

Financial Institution routing number \_\_\_\_\_ at the following intervals:  monthly  15th and end of month  
(Between these symbols [ : ]: on the bottom left of your check)

**PLEASE STAPLE VOIDED CHECK ON FORM**

This authorization shall begin on \_\_\_\_\_ (date) and remain in effect until revoked by me in writing. I can stop payment of any entry by notifying **HSA BANK** three (3) days before my 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 do qualify to make the deposit.

***I assume complete responsibility for:***

1. Determining that I am eligible for an HSA each year 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
Authorized Trustee Signature (for internal use only)	Date

