Print Form

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

Health Savings Account (HSA) Contribution Form

Instructions: Complete this form and mail it with your contribution check to:
HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939.

You can monitor your transactions via your statement, Internet Banking (https://secure.hsabank.com/ibanking3/) or Bankline, (800) 565-3512. Internet Banking and Bankline provide 24/7 access.

Instructions for making online contributions can be viewed from www.hsabank.com/contributions. For assistance, please call (800) 357-6246, Monday - Friday, 7 a.m. - 9 p.m., CT.

ACCOUNTHOLDER INFORMATION:

First Name:	MI:	Last Name:
Street Address:		
City:	State:	ZIP Code:

Account Number (8 digits from your Welcome Kit or statement)*

Please include your account number on your check.

Social Security Number **(Account Number or full Social Security Number required)**

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CONTRIBUTION INFORMATION:

Contribution Amount:

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Contribution Source:

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

Note: Deposits may not be available for immediate withdrawal.

Contribution For:

☐ Current Year *(yyyy)*

OR

☐ Prior Year *(yyyy)*

Note: Prior year deposits must be received by April 15 of the following year. The IRS does NOT allow an extension of time to contribute to an HSA, even if you have an extension for filing your taxes. If a year is not specified, your contribution will be deposited for the year in which it was received.