



HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM

Account Holder's Name and Address			SelectAccount ID #						
Last Name	First Name	Middle Initial	S	A					
Street Address			Social Security # (if SA# is not known)						
City			State		Zip				
Email address			Daytime Phone						

Contributions

Account Type: HSA MSA

I wish to make a single contribution by **check** (Please make checks payable to SelectAccount).

Amount: \$ _____

Tax Year: _____

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

I wish to authorize **an electronic funds transfer**:

Please initiate a one-time pull from the account I have indicated on the reverse side of this form.

Please initiate a one-time pull from the existing bank account on file at SelectAccount, bank account number: _____

Amount: \$ _____

Tax Year: _____

Please initiate an ongoing monthly draft from the account I have indicated on the reverse side of this form.

Please initiate an ongoing monthly draft from the existing bank account on file at SelectAccount, bank account number: _____

I understand that funds will be drawn from my account on or around the 5th day of each month.

Amount: \$ _____

Tax Year will be the current year: _____

Signature

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. For current eligibility guidelines and contribution limits, go to **www.SelectAccount.com**.

I understand deposits might not be available for immediate withdrawal until confirmation by my financial institution.

Account Holder

Date

Authorization for Electronic Transfer of Funds

As an added convenience, SelectAccount can automatically transfer contributions and/or distributions between your bank account and your health savings account. Once you have authorized SelectAccount to automatically transfer funds, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.

To begin the electronic transfer of funds or change bank account information, please complete the following:

The bank information I have provided is intended to be used as indicated below:

Contribution(s) to SelectAccount **and/or** Withdrawals(s) from SelectAccount

checking or savings account

Please note that we cannot transfer funds into investment accounts at this time.

Name of member (please print): _____

SelectAccount ID or Social Security Number: _____

Employer's Name (if applicable): _____

Bank name: _____

Bank telephone number: _____

Bank ABA Routing Number: _____

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: _____

Signature of Bank Account Holder

Signature Date: _____

Please allow 10-15 business days from the date this form is received by SelectAccount for your request to be processed. You may receive a manual check if claims are processed before the direct deposit is effective.

Save time: submit this information online. Questions? Call Member Services at (651) 662-5065 or 1-800-859-2144.

Submit online:

Log into your account at
www.SelectAccount.com

Send via secured email only:

SelectAccount.documents
@SelectAccount.com

Fax to:

651-662-7247
866-231-0214

Mail to:

P.O. Box 64193
St. Paul, MN 55164-0193