



HSA Contribution Form

Bank Name: Bank First

Routing No: 075901134

Health Saving Account No: _____

Employee's Full Name (Printed) _____

Social Security Number (Last 4): XXX-XX- _____

Contribution Amount (Flat Amount, Not %): _____

This Contribution Amount is (Please check only one):

A One-Time Lump Sum Deposit

To Be Deposited Every Payroll Check

I Wish To Discontinue Contributions Via Payroll

I understand that the above contribution to my HSA account will commence effective the first full pay period following receipt of this signed form. I understand that I can change or discontinue this contribution at any time by completing another HSA Contribution Form. I hereby authorize my employer to create the direct deposit of my tax-deferred earnings as described above. I understand that it is my responsibility to ensure I have read and understand all current contribution limits, and assume full responsibility for compliance.

Employee Signature _____ Date Signed _____

Received by _____ Date Received _____ Effective Date _____