



HEALTH SAVINGS ACCOUNT (HSA) DIRECT DEPOSIT FORM

Name: _____

Directions: Complete the information below and attach a voided check (*routing numbers may not be correct on deposit slips*).

HSA ACCOUNT: Checking Savings

Bank Name: _____

Branch Location: _____

Bank Account No.: _____

Routing No.: _____

Amount: \$ _____

Signature

Date

Attach voided check(s) here