



Instructions: Fill out this form to set up or change recurring contributions to your HSA from your personal bank account. Complete, print, and mail this form, along with your voided check to *HealthSavings* Administrators at the address below.

PLEASE NOTE that you can change this information online at HealthSavings.com.

Mail or fax completed form with voided check to:

HealthSavings Administrators

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235

Fax: 804.726.1570

Accountholder Information

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ **OR** Account Number _____

Primary Phone Number _____

Add Contribution Instructions

Contributions apply to the tax year in which they're deposited into your HSA. This authorization will remain in effect until you notify us to terminate or change the authorization in writing or in your online account.

Contribution Amount \$ _____

Contribution Frequency:

- One Time
- Weekly Bi-Weekly Bi-Monthly — 15th and Last Business Day of the Month
- Monthly — 1st of the Month Monthly — 15th of the Month Monthly — Last Day of the Month
- Quarterly — Last Day of the Quarter

Start Date (mm/dd/yyyy) _____ End Date (mm/dd/yyyy) _____ Until notified to stop

NOTE: Allow 5 business days to set up ACH upon receipt.

Change Contribution Instructions

THIS NOTIFICATION MUST BE RECEIVED 10 DAYS PRIOR TO NEXT CONTRIBUTION.

- I would like to update my contribution amount from \$ _____ to \$ _____ .
This change should take effect: Immediately OR On (mm/dd/yyyy) _____ .
- I would like to change the contribution frequency as noted above.
This change should take effect: Immediately OR On (mm/dd/yyyy) _____ .
- Update my bank account information as provided on the next page.

IMPORTANT: PROVIDE BANK INFORMATION AND VOIDED CHECK ON NEXT PAGE.



Banking Information

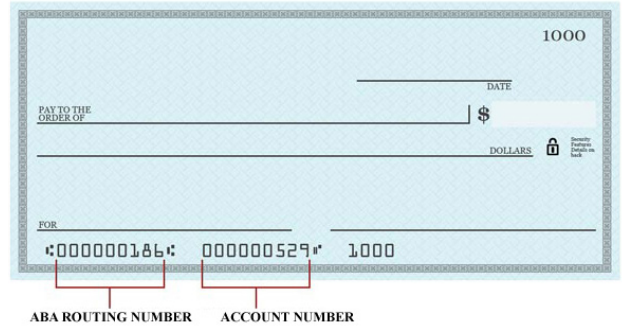
Bank Name _____

Routing Number

Account Number

Account Type: Checking Savings

Attach a voided check to this form. Starter checks, business checks, bank statements and deposit slips are not acceptable. If a check is not available, provide a letter from your bank on bank letterhead and signed by an authorized bank representative containing account information.



Attach a voided check here

Accountholder Signature _____

Date (mm/dd/yyyy) _____

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____