

HSA Contribution Form

Purpose: Use this form to make contributions to your HSA. This may be a one-time contribution or to set up automatic monthly contributions. You can also use this form to change your monthly contribution amounts.

1. Personal Information

Name: _____
Social Security #: _____
HSA Account Number (if available): _____

2. Contribution Type (check only one – unless you are making multiple types of contributions)

- a) **Regular Contribution.** for current tax year or prior tax year
b) **Rollover Contribution.** Rollover from another HSA (this form is not needed if you are also completing an Application along with this rollover)
c) **Transfer Contribution.** Transfer from another HSA – Please use the Transfer Form for this purpose
d) **Return of Mistaken Distribution.** If you mistakenly take a distribution for an expense that you thought was “eligible,” but which you later learn is not, you can repay the amount into your HSA so long as the mistake of fact was due to a “reasonable cause,” and the mistake is corrected no later than April 15 following the year you knew or should have known of the mistake. Check this box if you meet these requirements and we will report your contribution appropriately.

3. Contribution Amount

- a) **Amount (if paid by check).** _____
b) **Amount (if paid electronically via ACH).** Complete this section for automated monthly contributions or to make a one-time contribution using the ACH system from your personal checking account. You must attach a voided check from the account that you wish to withdraw the funds.
(1) **Automated Monthly Contributions.** (Attach voided check). If you want to set up automatic monthly withdrawals from another checking account, complete the following.
(a) **Account to Be Debited*.** Attach voided check.
Name on Account: _____
Account: _____ Checking or Savings
Bank Name: _____ Routing #: _____
(b) Monthly Amount \$ _____ Date 15th 30th
(2) **One Time ACH Contribution.** If you want to make a one time contribution to your HSA using the ACH system.
(a) **Account to Be Debited*.** Attach voided check.
Name on Account: _____
Account: _____ Checking or Savings
Bank Name: _____ Routing #: _____
(b) **Amount.** _____

*You need to verify that you are the owner of this account. We will place a small credit into your account and also a small debit. Please verify the amounts by emailing or calling us at: HSA@falconnational.com or 866.757.4727, ext. 2.

3. Signatures. I hereby agree to make the HSA contribution described above.

HSA Owner Signature

Date

Please send this form to address in the upper right corner above or fax it to (866) 826-0104.