

# HSA Employer Contribution Form

This form is for employers to make initial and subsequent HSA contributions on behalf of employees. An employer may do so by check, payable to HSA Resources Bank, or by automated direct debit from the employer's financial institution. Each employee must set up an HSA with HSA Resources Bank.

## 1 Employer Information.

Company Name  Tax ID #

Contact Person  Phone

Street Address  City  State  Zip

## 2 Direct Deposits. Please include banking information for direct deposits.

Bank Name  Account #

Routing and Transit Number  (Attach copy of voided check)

## 3 Contribution Information.

### A. Type of payment.

- a. Initial Payment will be made by check or ACH direct deposit.
- b. Subsequent payments will be made by check or ACH direct deposit.

### B. Contributions will be Employer Funded, Employee Funded, or Both Employer and Employee Funded

	Employee Name	Account Number (Completed by Bank)	Initial Set Up Fee Plus Initial Annual	Contribution Amount (less fees from previous column)	
				Employee	Employer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
<b>Total Fees</b>					
<b>Total Contributions</b>					
<b>Total Deposit Amount</b>					

Please use separate spreadsheet for more employees.