

ACCOUNT HOLDER'S NAME AND ADDRESS			HSA CUSTODIAN INFORMATION
Last Name _____ First Name _____ Middle Initial _____ Street Address _____ City _____ State <b>MN</b> Zip Code _____			SelectAccount P.O. Box 64193 St. Paul, MN 55164-0193 (651) 662-5065 or (800) 859-2144
<b>SelectAccount or Social Security No.</b>	<b>Daytime Phone</b>	<b>Evening Phone</b>	Email Address _____

**CONTRIBUTIONS**

Account Type:     HSA     MSA

I wish to make a single contribution by check (Please make checks payable to SelectAccount).

Amount: \$ \_\_\_\_\_

Tax Year: \_\_\_\_\_

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

I wish to authorize electronic funds transfer

Please initiate a single draft from the account I have indicated on the reverse side of this form.

Amount: \$ \_\_\_\_\_

Tax Year: \_\_\_\_\_

Please initiate an ongoing monthly draft from the account I have indicated on the reverse side of this form.  
I understand that funds will be drawn from my account on or around the 5th day of each month.

Amount: \$ \_\_\_\_\_

Tax Year will be the current year: \_\_\_\_\_

**SIGNATURE**

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. For current eligibility guidelines and contribution limits, go to [www.selectaccount.com](http://www.selectaccount.com).

\_\_\_\_\_ Account Holder

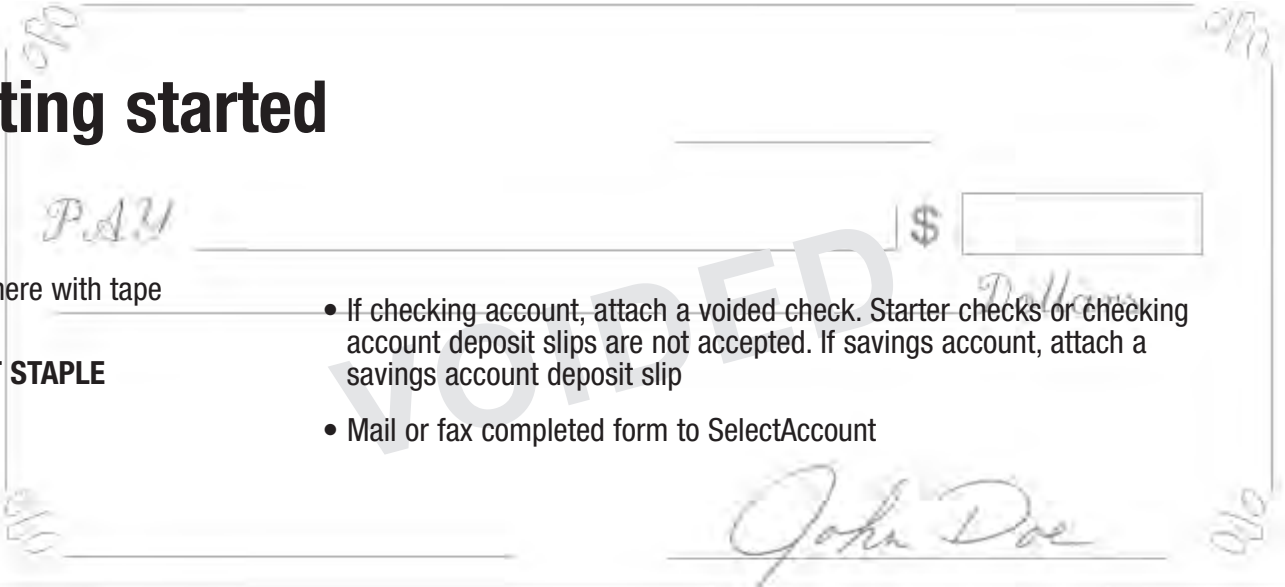
\_\_\_\_\_ Date

**AUTHORIZATION FOR  
ELECTRONIC TRANSFER OF FUNDS**

As an added convenience, SelectAccount can automatically transfer contributions and/or distributions between your bank account and your health savings account. Once you have authorized SelectAccount to automatically transfer funds, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.

**To begin the electronic transfer of funds or change bank account information, please complete the following:**

# Getting started



Attach here with tape

**DO NOT STAPLE**

- If checking account, attach a voided check. Starter checks or checking account deposit slips are not accepted. If savings account, attach a savings account deposit slip
- Mail or fax completed form to SelectAccount

The bank information I have provided is intended to be used as indicated below:

Contribution(s) to SelectAccount **and/or**  Withdrawals(s) from SelectAccount

checking or  savings account

Please note that we cannot transfer funds into investment accounts at this time.

Name of member (please print): \_\_\_\_\_

SelectAccount ID or Social Security Number: \_\_\_\_\_

Employer's Name (if applicable): \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank telephone number: \_\_\_\_\_

Bank ABA Routing Number: \_\_\_\_\_

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Account Holder

Signature Date: \_\_\_\_\_

Please allow 10-15 business days from the date this form is received by SelectAccount for your request to be processed. You may receive a manual check if claims are processed before the direct deposit is effective.

Mail or Fax to: SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193  
Fax to 651-662-7247 or 1-866-231-0214