



HSA Employer Contribution Worksheet

Choose One: _____ Employer Funded
or Both _____ Employee Funded

Choose One: _____ Paid by Check---Complete first 2 Rows
 _____ Paid by Direct Deposit (ACH)---Complete all Rows
(Attach Copy of Voided Check)

Company Name		Tax ID#	
Contact Person		Phone #	Fax #
Account to be Debited			Due Date of Transaction
Bank Name		Account #	
Bank Street Address	City	State	ZipCode
Routing and Transit Number			
Bank Use Only:		Definer Code: 09837	

Employee Name	Account Number Completed by First HSA	Contribution Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Total Contribution: \$ _____

Notes:

- 1). For initial Set-up of Direct Deposit include a voided check from the business account the funds are being withdrawn from. Funds will be withdrawn every 5th of the month.
- 2). All new employees must complete a First HSA application before making any contributions.
- 3). Please indicate employees no longer making contributions by writing CLOSED in the Contribution Amount column.
- 4). A one-time setup fee of \$25.00 is required for all individual accounts. Please include a separate check made payable to: First HSA, Inc. for each new account.

Contributions made by check mail to: First HSA Inc., 1044 MacArthur Road, Reading, PA 19605. Changes to contributions made by (ACH) can be faxed to (610) 678-6818 or mailed to the above address.