Custodian:
First American Bank
P. O. Box 0794
Elk Grove Village
(847) 952-3700

NO ACCT ENTERED

Health Savings Account (HSA)

Automatic Savings Form

I hereby authorize FIRST AMERICAN BANK, hereinafter called COMPANY, to initiate ACH Debit entry(ies) to my personal account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

1 HSA OWNER INFORMATION

NAME AND ADDRESS		ACCOUNT NUMBER
		SOCIAL SECURITY NUMBER (SSN)
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	EMAIL ADDRESS

2 DEBIT ACCOUNT INFORMATION

ACCOUNT NUMBER	ABA ROUTING / TRANSIT NUMBER	TYPE OF ACCOUNT **(must be personal account, no business accounts will be accepted)**
		☐ Checking ☐ Savings
ACCOUNT HOLDER NAME **(MUST BE HSA ACCOUNT OWNER OR AUTHORIZED SIGNER)**		BANK NAME AND ADDRESS

3 TRANSFER INFORMATION

NOTE: Form MUST be received by the bank at least 3 business days prior to the date listed below or it will be processed on the next available business day. Prior Year contributions must be made by check.		FREQUENCY OF TRANSFER
$ AMOUNT OF TRANSFER	DATE OF FIRST TRANSFER	☐ One Time ☐ Monthly ☐ Annually ☐ Bi-weekly ☐ Semi Monthly on the ___ & ___ days of the month ☐ Cancel Existing Transfer ☐ Modify Existing Transfer

4 SIGNATURES

General Terms and Conditions

This authorization is to remain in full force and effect until COMPANY has received written notification revoking transfer agreement. Said notification must be received in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it

I understand the eligibility requirements for the type of HSA deposit I am making and I state that I am eligible to make the deposit. I assume complete responsibility for:

1. Determining that I am eligible to contribute to my HSA each time a contribution is made.
2. Insuring that all contributions I make are within the limits set forth by the IRS.
3. The tax consequences of any contribution (including rollover contributions) and distributions

_____
Signature of HSA Owner Date

BANK USE ONLY	
☐ Account Agreement on file	Date Recieved _____
☐ Signatures Match	Date Processed _____
☐ Not able to process	Initials _____ _____