

FIRST AMERICAN BANK

Health Savings Account Deposit Form

_____ Date

Account Holders Name and Address:

_____ Name

_____ Street Address

_____ City

_____ State

_____ Zip

Account Number: _____

- Contribution Information:**
- Current Year Contribution (Bank must receive by 12/31)
 - Previous Year Contribution (Bank must receive by Tax Filing Date)*
 - Transfer From: IRA FSA/HRA HSA Archer MSA
 - Rollover From: HSA Archer MSA
 - Other Description: _____

Amount: _____

*** Please include tax year on memo line of check**

Mail This Form to: First American Bank
HSA Processing Dept.
PO BOX 0794
Elk Grove Village, IL 60009
Phone (866) 449-1150