



HSA Employer Contribution Worksheet

Choose One: _____ Employer Funded
or Both _____ Employee Funded

Choose One: _____ Paid by Check---**Complete first 2 Rows**
 _____ Paid by Payroll Deduction (EFT initiated by Employer)

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
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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 Electronic Funds Transfer (EFT) initiated by Employer, please contact First HSA and speak to a customer service representative to assist with initial setup. Call toll-free (888) 769-8696
- 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 \$15.00 is required for each individual account. It can be included in the check for the initial deposit or a separate check may be sent.

Contributions made by check mail to: First HSA, 1044 MacArthur Road, Reading, PA 19605.