Choice Financial

Your HSA Bank.

Contribution Form

Account Holder Information:

Name: _____

Social Security Number/TIN: _____

HSA Account Number: _____

Telephone Number: _____

Choose one of the following contribution types:

☐ **Regular Contribution** (select one below)

☐ **Current Tax Year** or ☐ **Prior Tax Year** (must be postmarked by current year's tax deadline)

☐ **Rollover Contribution from another HSA**

☐ **Distribution Reversal**
If you have overpaid for a medical expense and have received that portion back from the provider, that amount can be put back into your account.

☐ **Contribution Change**
Change my contribution for the amount of $_____ in the year _____ to reflect for the year _____.

Contribution Amount:

$_____

If you are including a check, make it payable to:
Choice Financial for HSA of _____ (your name)

Signature:

Account holder must sign.

I agree to make this HSA contribution described above, and I authorize the transaction.

X _____ _____
Account Holder Signature *Date*

SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING:

FAX
701.356.6460
Attn: HSA Department

MAIL
Choice Financial - HSA Dept.
4501 23rd Ave. S.
Fargo, ND 58104

EMAIL
hsa@choicefinancialgroup.com
We recommend sending in a secure format.

For customer service, please call our HSA Hotline at: ***866.702.9033***