Vantage Administration Services, LP

Health Savings Account (HSA) Contribution Form

You can monitor your transactions via your statement, Internet Banking (hsabank.com/InternetBanking), or Bankline (800-565-3512).

ACCOUNTHOLDER INFORMATION:			
First Name:	MI:	Last Name:	
Street Address:			
City:		State:	ZIP Code:
AccountNumber (8 digits from your Welcome Kit or statement)* * Please include your account number on your check.			
CONTRIBUTION INFORMATION:			
Contribution Amount:			
Contribution Source: PayrollContribution per pay period			
Employee Signature		nature Dat	te
Note: Deposits may not be available for immediate withdrawal.			