

HSA Direct Deposit Form

Instructions

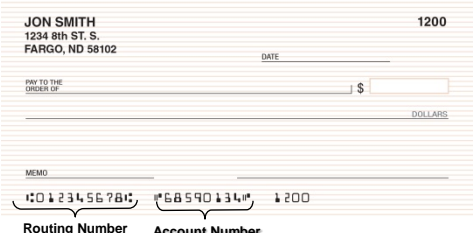
1. Complete this form to add, change or cancel direct deposit on your HSA.
2. If under Account Type below you choose checking, attach a voided check or copy of a voided check. If you choose savings, attach a savings account deposit slip. Note: deposit slips **cannot** be accepted for checking accounts.
3. Forward completed form and required information to: **Erisa Trust Company** (HSA Administrator) at **1200 San Pedro Dr. NE, Albuquerque, NM 87110** or fax to **(505) 244-6009**.
4. If you have any questions regarding this form, please call **(505) 216-7800**.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number		Date of Birth

I am (check one): Enrolling in Canceling Changing Direct Deposit for my HSA.

Financial Institution Information

Financial Institution Name	Street Address		
 <p>Routing Number Account Number</p>	City	State	Zip
	Routing Number		Account Number
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Administrator and Healthcare Bank.

Signature of HSA Accountholder _____ Date _____