

MyHSA CONTRIBUTION AUTHORIZATION FORM

(PLEASE PRINT)



Instructions – This form is used to send contributions to your MyHSA account. Contributions can be sent either by mailing a check along with this form or by completing the banking information below for an ACH pull.

(Funds must be received prior to April 15th to qualify as a previous year contribution)

If you do not enter a contribution year below, your contribution will be processed in the year that we receive your form.

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Email Address:		

Contribution

Contribution is for calendar year: _____ Contribution amount: _____

If no calendar year is entered above or if this form is received after the tax year deadline your contribution will be applied to the current tax year.

This contribution is via (check one):

Check by mail

Please make check payable to *Charles Schwab Bank*
On the check write "FBO #201892"
Mail (with form) to the address below

ACH Pull Initiated by EPIC Retirement Plan Services (complete the banking information below)

****You must attach a copy of a voided check****

Name of Financial Institution

Routing and Transit Number (9 Digits)

(Authorization applies to checking accounts only)

Account Number

The Account Holder hereby establishes a standing authorization that will allow Charles Schwab Trust Bank to request electronic funds transfers between the bank account (indicated above) and the applicable Charles Schwab Trust Bank account. Electronic transfers will occur when an authorized Account Holder or Recordkeeper representative initiates payment using the Schwab Retirement Center ("SRC") website. Transfers are subject to the restrictions and provisions noted on this authorization form and in Charles Schwab Trust Bank's Trust and Custody Electronic Funds Transfer Service Terms and Conditions.

Debit ACH Authorization Release for Bank/Other Financial Institutions

The Account Holder hereby authorizes Charles Schwab Trust Bank (i) to initiate debit entries to and debit the bank account indicated below and (ii) when appropriate, to initiate reversals of erroneous or duplicate debit entries and credit the indicated bank account. Charles Schwab Trust Bank is authorized to withdraw the exact amount of funds indicated on the SRC Notice of Deposit form associated with the Debit ACH order.

This authorization will remain in full force and effect until Charles Schwab Trust Bank has received notification from the Account Holder or Recordkeeper of termination of such authorization and has had a reasonable opportunity to act upon such termination.

The ACH Pull feature requires that the Account Holder's financial institution where the Account Holder's bank account is established accepts electronic debit entries from Charles Schwab Trust Bank. We recommend that you contact your financial institution before submitting your first ACH transfer to ensure that you have the appropriate account settings or permissions in place. Charles Schwab Trust Bank's company identification code is 2943149038 for your bank's reference.

Bank/Financial Institution Information

This is a: Personal Checking Account Personal Savings Account Corporate/Organization Checking Account

All MyHSA account holders are responsible for assuring there are sufficient funds available in their account at the time of withdrawal. Where applicable, returned checks and ACH returns will incur additional fees. I certify that I am the owner of the account named above and that I have the legal right to provide this authorization.

MyHSA Account Holder Signature: _____ Date: _____

UPLOAD, MAIL OR FAX A COPY OF THIS FORM TO:

Secure upload: at www.myhsa.com

Mail form to: Epic Retirement Plan Services, Attn. MyHSA, 456 Fulton St., Suite 345, Peoria, IL 61602

FAX: (800) 688-4329

If you have any questions please call 800-57MyHSA (800-576-9472).