ALLIANT credit union

11545 W. Touhy Avenue, Chicago, Illinois 60666 800-328-1935 www.alliantcreditunion.org

HSA Deposit Authorization

Name (please print)	home phone number	work phone number	Member account number (required)

☐ Open without depositing funds. The direct deposit of my HSA payroll deduction in the amount of $_____ will be sent by my employer to Alliant Credit Union for deposit to my HSA as a current year contribution.

Employer _____

Once your HSA has been opened, a confirmation letter will be sent to you indicating your 14 digit HSA account number and Alliant's Routing &Transit number/ABA. Your HSA number is different than your Alliant member number and should be used for the direct deposit of HSA funds.

☐ TRANSFER from my Alliant ☐ savings account ☐ checking account or ☐ supplemental savings account to my HSA:

Employee contribution of $ _____ for the 20 _____ tax year ___ One time contribution or

___ Weekly ___ Bi-weekly ___ Semi-Monthly ___ Monthly Start Date ____/_____/_____

☐ DEPOSIT Check to my HSA:

____ Employee contribution of $_____ for 20 _____ tax year

____Opening deposit is a rollover from my HSA, FSA or Traditional IRA. Please complete "HSA Rollover Authorization".

Designation of a deposit by check or transfer as a prior year contribution is irrevocable.

☐ Open without depositing funds. Funds will be sent as a direct transfer from an HSA or Archer MSA at another financial institution. Please complete "Request to Transfer HSA to an Alliant Credit Union HSA form" and forward to other financial institution.

_____ _____

HSA owner signature required date

Service Centers: Forward to Alliant Headquarters – HSA Specialists if contribution was for a prior year.

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION - FAX: 773 462-8735

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