

HSA CONTRIBUTION / DEPOSIT SLIP

Account Holder Information

Name: _____

Social Security Number: _____

Account Number: _____

Be sure to include your HSA account number on your check.

Make payable to **DataPath Financial Services, Inc.** & Mail to:

TAX YEAR TO APPLY _____ (Required)

CHECK _____ \$ _____, _____.

- ☐ Pre-Tax
☐ Return of Withdrawal
☐ Post Tax

DATE: ____ / ____ / ____

DataPath Financial Services, Inc.
PO Box 9968, Dept #4473
Conway, AR 72033

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