

HSA CONTRIBUTION / DEPOSIT SLIP

Account Holder Information	TAX YEAR TO APPLY	(Required)	
Name:	CHECK	\$	
Social Security Number:	<u> </u>		
Account Number:	☐ Pre-Tax DATE: / /		
Be sure to include your HSA account number on your check.			
Make payable to DataPath Financial Services, Inc. & Mail to:	DataPath Financial Services, Inc. PO Box 9968, Dept #4473 Conway, AR 72033		
HSA CONTRIBUTION	I / DEPOSIT SLIP	DataPath. Financial Services	
Account Holder Information	TAX YEAR TO APPLY	(Required)	
Name:	CHECK	\$,	
Social Security Number:			
Account Number:	□ Pre-Tax □ Return of Withdrawal	DATE: / /	
Be sure to include your HSA account number on your check.	□ Post Tax		
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