

## **HSA CONTRIBUTION / DEPOSIT SLIP**

Account Holder Information	TAX YEAR TO APPLY (Required)	
Name:		\$,
Social Security Number:		DATE: / /
Account Number:	☐ Return of Withdrawal ☐ Post Tax	
Be sure to include your HSA account number on your check.		
Make payable to <b>DataPath Financial Services, Inc.</b> & Mail to:	DataPath Financial Services, Inc. PO Box 9668, Dept #4473 Conway, AR 72033	
HSA CONTRIBUTION	N / DEPOSIT SLIP	DataPath. Financial Services
Account Holder Information		(Required)
Name:	CHECK	\$
Social Security Number:	<del></del>	
Account Number:	□ Pre-Tax	DATE: / /
Be sure to include your HSA account number on your check.	☐ Return of Withdrawal☐ Post Tax	
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