

HSAToday® ER Info & Funding form

FAX: 501-687-1409

Email: fiops@dpath.com



General Information

Entity Name: _____
(Enter name exactly as it appears on tax returns and is to appear in the documents.)

Federal Tax ID No: _____ Date Incorporated/Organized: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Street Address: _____ Zip: _____

- Organization Type:
- | | |
|---|--|
| <input type="checkbox"/> Corporation. | <input type="checkbox"/> Sub-chapter "S" Corporation |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> LLC Limited Liability Company |
| <input type="checkbox"/> Other _____ | |

EMPLOYER PRIMARY CONTACT

Name:			
Title:			
Email:	Voice:	Fax:	

HSA FUNDING METHOD

[PLEASE CHECK ALL THAT APPLY AND COMPLETE]

Please choose a HSA Funding Method:

- Fund by Employer or TPA check made payable to DataPath Financial Services, PO Box 9668, Dept #4473, Conway, AR 72033
- Fund by EFT draft. DFS will draft funds from the following **Employer** Bank account. Please complete bank section below or attach a voided check: (No Fee for EFT Draft) HSA Transmittal Register **must** be completed for each transfer of funds.
Name of Bank: _____
Name on Account: _____
Bank ABA/Route No.: _____
Bank Account No.: _____
- Fund by Wire Transfer. Employer or TPA initiates a wire transfer of funds into the HSAToday wire account. Please contact DFS at 888-665-1264 and we will supply the Bank Account Information to complete the wire transfer. Must complete HSA Transmittal register to notify DFS of funds wired to this account. **(Wire Fee of \$15.00 – must be included in transfer amount. Wire fee will not be waived)**
- Fund by ACH Transfer. Employer or TPA will push funds to the same account given by DFS via an ACH Transfer. (NO FEE)
- Fund by Direct Deposit. Please contact your TPA to supply this information

HSA FUNDING FROM TPA BANK ACCOUNT

[PLEASE CHECK ALL THAT APPLY AND COMPLETE]

- Funded via TPA Account. No fee for EFT Draft. TPA must complete a transmittal register each time there are funds that must be drafted from an account.
Bank Name: _____
TPA Bank Route#: _____ TPA Account # _____
 Checking Savings

Required Signature(s)

[TPA SIGNATURE REQUIRED]

Employer Name: _____ Signature: _____ Date: _____

TPA Name: _____ Signature: _____ Date: _____