

HSAToday® Transmittal Register

FAX: 501-687-1409
 Email: fiops@dpath.com



COMPANY INFORMATION

Company Tax ID Number: _____

Company Name: _____

Contact Name: _____

Contact Phone Number: _____

INSTRUCTIONS

- Check:** If sending HSA contributions by Check, please mail the check and this complete transmittal to the following address: **DataPath Financial Services, PO Box 9668, Dept. 4473, Conway, AR 72033.**
- EFT Draft:** If sending by EFT Draft, please note that DFS will be drafting for the total contribution amount listed below under the amount. Please mail the completed form to the address above, fax **501-687-1409**, or email **fiops@dpath.com**.
- Wire Transfer:** If sending via Wire Transfer, please call DFS at **888-665-1264** and we will supply the Bank Account information necessary to complete the wire transfer.

Method of Funding

Mail Check: <input type="checkbox"/>	Check #:	_____	Check Date:	____/____/____
*EFT (bank draft): <input type="checkbox"/>	(DFS PULL)	No Fee	*EFT Date:	____/____/____
* EFT Draft Account:	<input type="checkbox"/> Employer Account	<input type="checkbox"/> TPA Account	*Last 4 digits	_____
ACH or Wire Transfer: <input type="checkbox"/>	(TPA\ER PUSH)	<input type="checkbox"/> Wire \$15.00 <input type="checkbox"/> ACH \$0.00	Date:	____/____/____

Amount of Transfer

	Participant\Group	Amount
Total Contribution Amount:	\$ _____	\$ _____
Plus Wire Transfer Fee:	\$15.00 (add to wire)	\$ _____
Total Amount Transferred:	\$ _____	\$ _____

Security Signature

*Authorized Signature X: _____ /____/____
(An authorized signature must accompany each HSA transfer of money to be valid)

Please Print Name: _____