



**Address for Return Mail:**

Bank of Ann Arbor  
HSA Processing  
801 W. Ellsworth Rd.  
Ann Arbor, MI 48108

**INSTRUCTIONS:**

The form has been completed for your convenience. If you have any changes you may hand write them on the form. You have one contribution form for each remaining month of this year.

Please submit the form below along with a check made payable to **Bank of Ann Arbor**, and mail to:

Bank of Ann Arbor  
HSA Processing  
801 W. Ellsworth Rd.  
Ann Arbor, MI 48108

If you have any questions or need assistance, please feel free to contact me.

Thank you,

Bank of Ann Arbor  
734-662-1600  
Fax: 734-662-1059



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734-662-1600 \* Fax 734-662-1059 \* Website: boaa.com

## EMPLOYER CONTRIBUTION FORM

Initial Deposit – To make an initial deposit (minimum \$50.00 per account) to open multiple Health Savings Accounts, complete the information below.

Subsequent Deposits – To make a deposit to multiple existing Health Savings Accounts, complete the information below. (We will accept spreadsheets in a similar format) The account number should be obtained from the account holder.

Enclose a check made payable to Bank of Ann Arbor for the amount of the total deposit **Please print neatly or type.**

Company Name:	Date Deposit Mailed:
Company Address:	Check Number:
Phone Number:	Fax Number:
Attention:	Contribution Year:

	Employee Name	Account Number	Admin Fee	Deposit Amount		
				Individual	Employer	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
	<b>Sub-Total</b>					
	<b>Total Deposit Amount</b>					

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Changes to contributions made by (ACH) can be faxed to (734) 662-1059 or mailed to the above address.