HSA CONTRIBUTION DIRECTION (FORM 2615H)

Please Print or Type

____ ____ ____ ____ ____
CUID **(Credit Union will complete)**

____ ____ ____ - ____ ____ - ____ ____ ____ ____ - ____ ____
Social Security Number HSA Suffix

Credit Union Name

Account Owner's Name (First, Initial, Last)

Account Number

GENERAL INFORMATION

A contribution made to an HSA between January 1 and the tax return due date (usually April 15) can be treated either as a contribution for the current year or as a contribution for the preceding year.

We are required to report to the IRS how you want to treat each contribution made during this time period.

Please tell us the tax year to which your contribution applies by completing and signing this form.

Do not complete this form for direct transfers or rollover contributions.

CONTRIBUTION AMOUNT AND TAX YEAR

$ _____
Amount of Contribution

Tax Year to Which Contribution Applies (YYYY)

ACCOUNT OWNER'S SIGNATURE

X _____
Account Owner's Signature

Date (MM/DD/YYYY)

For Credit Union Use Only

Name of Credit Union Employee Who Took Deposit

Date of Deposit (MM/DD/YYYY)

WHITE-ADMINISTRATOR COPY **CANARY-CREDIT UNION COPY** **PINK-ACCOUNT OWNER COPY**

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