

HSA Transmittal Register
Custodian: National Advisors Trust
 Fax #: 501-687-1409
 Email: support@myhsatoday.com



Company Information

Sending Company Tax ID Number: _____
 Sending Company Name: _____
 Sending Company Phone: _____ ext: _____
 Contact Name: _____

Instructions

1. If sending HSA contributions by check, please mail check and this complete transmittal to the following address:
2. If EFT draft, then please note that DFS will be drafting for the total contribution amount listed below under the amount. Please Mail, email or Fax the completed form to the address below:
3. If Sending via Wire Transfer, then please call DFS at **888-665-1264** and we will supply the Bank Account information necessary to complete the wire transfer.

Mail
 Or Fax to: **DataPath Financial Services, Inc.**
P.O. Box 55068
Little Rock, AR 72215
Fax: 501-687-1409

Method of Funding

Mail Check: <input type="checkbox"/>	Check #: _____	Check Date: ____/____/____
EFT (bank draft): <input type="checkbox"/>	(DFS PULL) No Fee	EFT Date: ____/____/____
ACH (bank draft): <input type="checkbox"/>	(PSP or ER PUSH) No Fee	ACH Date: ____/____/____
Wire Transfer: <input type="checkbox"/>	(PSP/ER Push) \$30.00	WIRE Date: ____/____/____

Amount of Transfer

	Participant	Amount
Total Contribution Amount: \$ _____	_____	\$ _____
Plus Wire Transfer Fee: \$30.00 (add to wire)	_____	\$ _____
Total Amount Transferred: \$ _____	_____	\$ _____
	_____	\$ _____

(Or provide a contribution Report)

Security Signature

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

Please Print Name: _____