

Part I: Depositor Information

First Name MI Last Name

Street Address (Required) PO Box

City Zip State

SSN (Required) Home #

Bus. # Fax

Email

Name of person (in addition to account holder) authorized to receive the Access ID and Initial Password for HSA Bank™ Online

Part II : Internet Banking Account Information - Identify your HSA Bank accounts to be viewed online.

MSA/HSA Account#: Account #2: (if applicable)

Part III - On-Demand-Transfer

By completing this section, you are indicating you wish to transfer funds from your checking account at a financial institution other than **HSA Bank** to your deposit account at **HSA Bank** through On-Demand-Transfer.

We are pleased to offer- On-Demand-Transfer. Now you (not HSA Bank™) can make your HSA contribution online, anytime, from your checking or savings account to your HSA at **HSA Bank** AND/OR setup your own automatic recurring contributions. Your options for establishing automatic recurring contributions include: weekly, bi-weekly, semi-monthly, monthly, quarterly, or annually. A non-recurring contribution is credited to your HSA within two business days while automatic recurring contributions are credited on the pre-determined dates that you select. You will have the ability to delete pending transfers or you may contact the bank for assistance. ODT capability ceases if you close your HSA at **HSA Bank**.

I (as stated in Part I) request authorization to initiate online credit entries (contributions) to my HSA account (as stated below).

Transfer From (debit):

Name of Financial Institution

Address

City State Zip

Phone Account # (Checking, not savings)
 (required: please attach voided check)

Nine-digit Financial Institution Routing Number

Please Note: ODT is not for initial contributions. Initial contributions should be made by check. Also, contributions made via ODT cannot be made for prior year. Prior year contributions made in the current year from January 1 though April 15 must be made by check.

Transfer to (Credit):

HSA Account#: Address **HSA Bank™**
 211 N. Wisconsin Drive
 Howards Grove, WI 53083

Nine-digit Financial Institution Routing Number

Part IV-Certification

The undersigned (each "depositor") agrees as follows: If the Depositor's Password issued in connection with HSA Bank Online is provided to another person, that person will be authorized to make withdrawals and/or transfers from Depositor's accounts and if a line of credit is available on any account, may create a loan which the Depositor is responsible to pay according to the terms of Depositor's credit agreement. Depositor certifies that the information contained in the Application is true and complete, authorizes **HSA Bank** to verify it and to obtain additional information relating to Depositor's financial responsibility if necessary. The availability of all services described in this Application are subject to approval of **HSA Bank**. By signing this Application, Depositor authorizes online account access through (check the appropriate box(es)) **Internet Banking** **On-Demand-Transfer** and agrees to be bound by the Internet Banking Agreement (Online Agreement) and Disclosure (http://www.hsabank.com/bl_msadebitcarddisc.asp) and Depositor acknowledges receipt of such document.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

NOTE: IF your account allows more than one signature, please have all required signatures on this form

