



## EMPLOYER DEPOSIT DISTRIBUTION FORM



**Initial Deposit** - To make an initial deposit to establish multiple Health Savings Accounts (HSAs), please provide the requested information below. Input the word "NEW" in the "Account Number" field. Mail this form, the enrollment material for each new account and your check to **Patelco Credit Union**, P.O. Box 2227, Merced, CA 95344 . \*\*If a new employee(s) are being added to an existing group, write the word "NEW" in the Account Number field and also provide an application for the new employee(s).

**Subsequent Deposits** - To make a deposit to multiple existing HSAs, complete the information below. Mail this form and your check to **Patelco Credit Union**, c/o Operational Support 156 Second Street, San Francisco, CA 94105

Enclose a check payable to **Patelco Credit Union** for the total amount of all deposits. PRINT NEATLY OR TYPE.

<b>Company Name:</b> ABC Company	<b>Contribution Details</b>
<b>Company Address:</b> 111 Main Street San Jose, CA 95000	<b>Date Deposit Mailed</b> _____
<b>Contact Name:</b> John Smith	<b>Check Number</b> _____
<b>Email Address:</b> <a href="mailto:jsmith@abcxyz.com">jsmith@abcxyz.com</a>	<b>Check Amount</b> _____
<b>FED ID #:</b> 77-5555555	<b>Contribution Year</b> 2007
<b>Phone:</b> (408) 555-5555	

	Employee Name	Social Security Number (Required)	Account Number	Account Set- up Fee	Contribution Amount		
					Individual	Pre-Tax Section 125	Employer
1	John Doe (EXAMPLE)	123-45-6789	NEW	\$ 20.00	\$ -	\$ -	\$ 100.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Subtotal				\$20.00	\$ -	\$ -	\$ 100.00

**GRAND TOTAL SUBMITTED \$120.00**