

CONTRIBUTION FORM

TOWERbank™

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Mailing Address: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, IN 46858

HEALTH SAVINGS ACCOUNT HOLDER'S INFORMATION

A	Name	Account Number	
	Address		
	City	State	Zip Code

CONTRIBUTION

This form may be used to make additional contributions to the referenced account or to repay distributions made in error. Complete this form and return it with your contribution to: **Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, IN 46858.**

B	Complete all fields:
	Contribution Source: <input type="checkbox"/> Employee/Individual/Self-employed <input type="checkbox"/> Employer
	Contribution Type: <input type="checkbox"/> Normal <input type="checkbox"/> Repay Mistaken Distribution
	Applies to: <input type="checkbox"/> Current Year <input type="checkbox"/> Prior Year
Amount \$ _____	

I certify that I am the proper party and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Tower Bank. All decisions regarding this transaction are my own. I expressly assume the responsibility for any adverse consequences that may arise from this transaction and I agree that Tower Bank shall in no way be held responsible.

Signature **X** _____ Date _____

Bank Use Only

(Bank Authorization /Date)

In the absence of a signed form, Tower Bank shall assume that this transaction is a current year normal contribution.

After your transaction is completed, you can review this transaction via monthly statement or online banking.