

Contribution Form Instructions:

Your check must be made payable to: Bank of America. Indicate your HSA account number on your check.
Contributions should be mailed to:

Bank of America
Health Savings Account
P.O. Box 2931
Milwaukee, WI 53201-2931

Important note: HSA contributions cannot be accepted at Banking Centers or ATMs.

Health Savings Account Contribution Form
(Not for use at Banking Centers or ATMs)

Account #: _____
First Name: _____
Last Name: _____
Address: _____
City: _____
State: _____

Contribution Amount \$

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ABA Routing #: 053201610
Deposits may not be available for
immediate withdrawal.

Apply my contribution to:

☐ Current Year – Code # 010
(must be received by 12/31)

☐ Last Year – Code # 040
(must be received by your tax
filing deadline)

X _____
Signature Date

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