

Aetna HealthFund® Health Savings Account (HSA) Electronic Funds Transfer Authorization (EFT)

Instructions

- This form allows you to transfer funds into your HSA directly from your checking account. You may use this form to authorize either a
 one-time transaction or a periodic transfer. All transfers from your checking account will be in addition to amounts you contribute
 through your benefits plan, payroll deduction or other means.
- Please keep this form for your files.
- To authorize an automatic transfer, send this completed form to: HSA Operations

P.O. Box 30207 Tampa, FL 33630-3207				
Account Holder Information		, p.,		
Name : Last		First		MI
Birthdate (MM/DD/YYYY)	Social Security Number	Daytime Telephone Num	ber Evening Telepho	one Number
/ /	1 1	() -	()	-
Street Address				
City		State	Zip Code Country	y
EFT Deduction Amount				
indicated on the attached I authorize Aetna to dedu	ct a one-time electronic fun			
Authorization				
By signing below and including ("Aetna") to initiate debit entries ensure there are sufficient funds associated with the one-time el I understand that the initial depote been verified, and recurring mormodify the date of the EFT monremain in full force and effect ur manner as to afford a reasonab	to the account indicated on a available in the indicated a ectronic funds transfer with osit will be processed within onthly debits will start approxi- thly withdrawal by increasing till Aetna has received writte	the attached check. I acknow ccount at the time of withdra drawal. If this authorization 7-10 days after the HSA ha mately 30 days from that day g the number of days betwe	owledge that it is my responance. I understand that the is provided in connection is been opened and my ide ate. Aetna may, for busine the monthly withdrawals.	nsibility to ere is a fee with a new HSA, ntification has ss reasons, This authority will
Signature	Prin	t Name	Date Signed	
PLEASE ATTACH VOIDED CH Business Certificate, Partnershi	IECK HERE (Note: If the v	oided check is from a busir		ide a copy of the

GC-1545 (10-05)

PLEASE ATTACH VOIDED CHECK HERE