



EMPLOYER CONTRIBUTION FORM

DEPOSITS – To make a deposit to multiple existing Health Savings Accounts, complete the information below. (We will accept spreadsheets in a similar format.) The account number should be obtained from the account holder.

- **Mail:** Please mail this form and your check to Two Rivers Bank and Trust at 4400 Westown Parkway, Suite 304, West Des Moines, IA 50266. The check should be for the amount of the total deposits.
- **ACH:** Please fax this form to Two Rivers Bank and Trust (515) 331-3312 and ACH your payment for the total amount to: Two Rivers Bank and Trust – Transit Routing Number 073922908 – Checking Account Number 123579.
- **Wire:** Please fax this form to Two Rivers Bank and Trust (515) 331-3312 and Wire Transfer your payment for the total amount to: Bankers Bank – ABA 075912479 – Two Rivers Bank and Trust account number 073922908.

PLEASE TYPE OR PRINT LEGIBLY

Company Name	Date Deposit Mailed
Company Address	Check Number
Telephone Number	Fax Number
Attention	Contribution Year

	Employee Name	Account Number (8-digits-Required)	Deposit Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Total Deposit: \$ _____

If additional lines are needed, please use another form.