

# FREEDOM HSA

The road to freedom starts here

Deposits and withdrawals can be made on line at [www.FreedomHSA.org](http://www.FreedomHSA.org) if you have signed up for automatic transactions. If you would like to sign up for this fast and convenient service, please fill out the form below.

## Electronic Contribution and Distribution Authorization – optional

### Personal Information (please print)

Your name \_\_\_\_\_

HSA Account # \_\_\_\_\_

Home address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**You must notify us of any change in home address.**

Madison National Life Insurance Company, Inc. as Custodian or its authorized administrator, IHC Health Solutions, is hereby authorized to draw on or deposit to my checking or savings account at the bank named below for any HSA contributions, distributions or fees due in respect to my Health Savings Account.

OPTIONAL MONTHLY DEPOSIT: Please deposit \$ \_\_\_\_\_ from the account below into my HSA account each month. I understand that it is my responsibility to ensure that contributions to my HSA do not exceed the maximum allowed by law as described under Article II of the Agreement.

Name of bank where account is located \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code of bank \_\_\_\_\_

Bank transit number \_\_\_\_\_ Account number \_\_\_\_\_

Savings Account

Checking account

 Signature \_\_\_\_\_ Date \_\_\_\_\_

ATTACH AN UNSIGNED VOIDED CHECK OR DEPOSIT SLIP



mail to: IHC Health Solutions, 8009 34<sup>th</sup> Ave South, Suite 360, Bloomington, MN 55425  
or fax to: 952-853-2265