Follow these steps to complete the form online.

Step 1. Enter the account holder's name.

Step 2. Enter the check deposit amount.

Step 3. Check the type of deposit:

Prior Year Contribution – You may select to have your contribution deposited under the prior plan year if your deposit falls between Jan 1st and Apr 15th and you have not paid this year's taxes.

Employer Contribution – Any amount contributed by your employer.

Re-Deposit Amount– Adding money mistakenly withdrawn from your HSA back into the account.

Rollover or Transfer Contribution – Deposit of money moved from another MSA or HSA account.

Step 4: Enter Your Health Savings Account number.

Step 5: Print slips and separate on the dotted line.

Step 6: Mail to
UMB HSA Processing
P.O. Box 219490
Kansas City, MO
64121-9490

HSA Deposit Slip

USE ONLY BLACK OR BLUE INK.

Account Holder's Name: _____

Please Enter Check Amount Enclosed: ☐☐☐☐☐.☐☐

Please Remit to:
UMB HSA Processing
P.O. Box 219490
Kansas City, MO 64121-9490

If applicable, place an X in ONE of these boxes: USE ONLY BLACK OR BLUE INK.

1 Prior Year ☐ 2 Employer ☐ 3 Re-Deposit ☐ 4 Rollover ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐

HSA Deposit Slip

USE ONLY BLACK OR BLUE INK.

Account Holder's Name: _____

Please Enter Check Amount Enclosed: ☐☐☐☐☐.☐☐

Please Remit to:
UMB HSA Processing
P.O. Box 219490
Kansas City, MO 64121-9490

If applicable, place an X in ONE of these boxes: USE ONLY BLACK OR BLUE INK.

1 Prior Year ☐ 2 Employer ☐ 3 Re-Deposit ☐ 4 Rollover ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐

HSA Deposit Slip

USE ONLY BLACK OR BLUE INK.

Account Holder's Name: _____

Please Enter Check Amount Enclosed: ☐☐☐☐☐.☐☐

Please Remit to:
UMB HSA Processing
P.O. Box 219490
Kansas City, MO 64121-9490

If applicable, place an X in ONE of these boxes: USE ONLY BLACK OR BLUE INK.

1 Prior Year ☐ 2 Employer ☐ 3 Re-Deposit ☐ 4 Rollover ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐