



**STERLING HSA®**  
HEALTH SERVICES ADMINISTRATION

475 14<sup>th</sup> Street,  
Suite 650  
Oakland, CA 94612

P.O. Box  
71107  
Oakland, CA 94612

T: 1.800.617.4729  
F: 1.877.517.4729  
www.sterlinghsa.com



**STERLING HSA®**  
HEALTH SERVICES ADMINISTRATION

### Deposit Form – Individual HSA Contribution

- Current Year Contribution  
 Prior Year Contribution *(only permitted between January 1 and the April IRS tax filing deadline)*

Name of Accountholder

Sterling HSA Account #

Check Number

\$

\$

Amount of check that is for HSA contribution

Amount of check that is for HSA monthly account fees

Accountholder Signature

Date

*Mail to: Sterling HSA, P.O. Box 71107, Oakland, CA 94612*



**STERLING HSA®**  
HEALTH SERVICES ADMINISTRATION

### Deposit Form – Individual HSA Contribution

- Current Year Contribution  
 Prior Year Contribution *(only permitted between January 1 and the April IRS tax filing deadline)*

Name of Accountholder

Sterling HSA Account #

Check Number

\$

\$

Amount of check that is for HSA contribution

Amount of check that is for HSA monthly account fees

Accountholder Signature

Date

*Mail to: Sterling HSA, P.O. Box 71107, Oakland, CA 94612*



**STERLING HSA®**  
HEALTH SERVICES ADMINISTRATION

### Deposit Form – Individual HSA Contribution

- Current Year Contribution  
 Prior Year Contribution *(only permitted between January 1 and the April IRS tax filing deadline)*

Name of Accountholder

Sterling HSA Account #

Check Number

\$

\$

Amount of check that is for HSA contribution

Amount of check that is for HSA monthly account fees

Accountholder Signature

Date

*Mail to: Sterling HSA, P.O. Box 71107, Oakland, CA 94612*