



Supporting Ministry. Changing Lives.

724-252-3200 or 888-972-0797

www.keystoneumfcu.org

HSA DEPOSIT INSTRUCTIONS:

Please make checks payable and mail to:

Keystone UMFCU

PO Box 2088

Cranberry Township, PA 16066

Please include the form below and note on check "HSA account # _____"

HEALTH SAVINGS ACCOUNT REMITTANCE FORM	
Clergy / Lay Employee Name: _____	
HSA Credit Union Account #: _____ - 05	
Amount Submitted: \$ _____ . _____	Check # _____
Date Submitted: _____ / _____ / _____	
SUBMITTED BY (PLEASE PRINT)	
Treasurer Name: _____	
Church: _____	
Email: _____ @ _____ . _____	
Phone: _____ - _____ - _____ Alt. Phone: _____ - _____ - _____	



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