

Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT
JILL FULTON, SPECIAL SERVICES DIRECTOR
DR. PETE FALK, CURRICULUM DIRECTOR

Health Savings Account (HSA) Account Information Form

Employee Printed Name: _____ Social Security Number: _____

Address: _____
City St Zip

Daytime Phone: _____ Email : _____

Health Savings Account

Financial Institution Name

Financial Institution Address

Routing Number: _____

Account Number: _____

***HSA bank account type MUST be a Health Savings Account.**

Account Verification

Account verification for the above-mentioned account must be provided from your financial institution.

Account Verification is attached.

Employee's Signature: _____ Date: _____

-----District Office Use Only-----

Received By: _____

Type of verification document received: _____

"Education... The Ultimate Investment."

District Office: 501 North Main Street, PO Box 504, Herscher Illinois 60941-0504
District Phone: 815-421-5000 – District Fax: 815-426-2872