



Health Savings Account Generic Deposit Slip For Accountholders ONLY

Accountholder Name: _____

Address: _____

City, State and ZIP: _____

Account Number: 9 5 0 0

Deposit Ticket

C H E C K S			
TOTAL DEPOSIT			

Indicate if deposit is:

- rollover deposit
- prior year deposit
- return of incorrect distribution for current year
- return of incorrect distribution for prior year

Use separate deposit ticket and form for different types of deposits/ years.

Mail deposits and Deposit Slip to:

Mellon HSA Solution
PO Box 4038
Woburn, MA 01888-4038

Make checks payable to:

Mellon Trust of New England, N.A.