First Niagara Bank
Health Savings Account - Employer Contribution Instructions

The following options are available for Employer contributions:

ACH (Automated Clearing House) Direct Deposit

Check by mail or in person (for companies with less than 25 participating employees)

Below are instructions covering both contribution methods. For assistance on IRS rules regarding contributions, please consult your tax specialist.

Automated Clearing House (ACH) Deposits into a Health Savings Account (HSA)

First Niagara Bank can accept direct deposits into Health Savings Accounts via the ACH network. These transactions are processed much like payroll direct deposi. You may be able to coordinate this through your payroll processor or payroll processing software. As with payroll direct deposit, HSA direct deposit must contain an individual transaction for each employee receiving funds, noted by the employee's First Niagara Bank HSA account number. The First Niagara Bank routing and transit number is 222370440. Employees should provide account number directly.

- All deposits received via ACH for posting to an HSA will be coded as an **EMPLOYEE** contribution, unless received as noted below.
- If the employer wishes to make a contribution to an employee's HSA via ACH, the file must be formatted as noted below to ensure deposits are coded as an **EMPLOYER** contribution.
- If both an employee and employer contribution are to be made, two separate ACH batches must be sent. The batch representing the employer contribution must contain the formatting as noted below.

ACH File Formatting for Employer Contributions Only

The Company/Batch Header Record (5 record) must contain the alpha description **ER CONT** in the Company Entry Description (positions 54-63). For assistance or questions with ACH file formatting, please contact the ACH Services department of First Niagara Bank at (800) 421-0004. Standard hours of operation are Monday thru Friday, 8:30 a.m. to 5:00 p.m. EST.

HSA Contribution Allocation Form - Check Deposits

(for use for firms with 25 employee deposits or less)

Please mail this form to the address below or bring to any of our Branch Locations along with a check.

Mailing Address: **First Niagara Bank, ATTN: Account Service, P.O. Box 886, Lockport NY 14095**

COMPANY NAME:	
COMPANY CONTACT PERSON AND PHONE NUMBER:	
EFFECTIVE DATE FOR CONTRIBUTION:	
TOTAL CONTRIBUTION AMOUNTS:	

Date Received by Bank for processing:

Employee Name	*Employee Tax ID*	*Employee Account #*	*Employer Contribution $*	*Employee Contribution $*
TOTAL			*0*	*0*

Subject to privacy policies, employee account information cannot be provided by the bank. Please contact your employee for account information