

HSA DIVISION REQUEST FORM



Instructions

1. Complete form in its entirety in order to have the requested changes completed.
2. Fax completed form to **Fifth Third Bank HSA Support at 513-358-3588**.
3. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Employer Support Center at 1-866-379-3630**.

Company Name: _____

Division Name: _____

Effective Date of Division: _____

Bank Name: _____

Bank Routing & Transit Number: _____

Bank Account Number: _____

Checking or Savings Account: _____

Bank Account to be Used For: HSA Funding Fee Funding Both

Employees Listed in This Division *(You may also submit Employee listing on a separate document attached to this request.)*

Division Name: _____

Effective Date of Division: _____

Bank Name: _____

Bank Routing & Transit Number: _____

Bank Account Number: _____

Checking or Savings Account: _____

Bank Account to be Used For: HSA Funding Fee Funding Both

Employees Listed in This Division *(You may also submit Employee listing on a separate document attached to this request.)*

I certify that I am the HSA Employer individual authorized to execute this transaction. I assume full responsibility for the above changes and will not hold Fifth Third Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Fifth Third Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Fifth Third Bank.

Signature of HSA Authorized Signer

Date