

HSA Client Information Change Notification Company / Bank Account Information



Instructions

1. Complete form in its entirety in order to have the requested changes completed.
2. Fax completed form to the **Fifth Third Bank HSA Employer Support Center at 513-900-6012.**
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 Information

Company Name Employer Code

Tax ID

Physical Address

City State Zip Code

Day-to-Day Administration Contact	Additional Employer Portal User <i>(optional)</i>
Name:	
Title/Position:	
E-mail Address:	
Phone:	
Employer Portal Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please Note: You may skip the bank account information section if you are not making any changes to the account(s) on file)

Employer Funding Account	Employer Fee Account <i>(if applicable)</i>
Bank Name:	Bank Name:
Routing Number:	Routing Number:
Account Number:	Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

If you are making changes to your bank account and if you are paying fees on behalf of your employees, you must complete both the **Employer Funding Account** and the **Employer Fee Account** information.

If you are paying fees on behalf of your employees and you do not complete the **Employer Fee Account** information, the fees will be deducted from the **Employer Funding Account** on file.

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