



FIFTH THIRD BANK

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: _____ Employer Code: _____

Division Name: _____

CONTRIBUTION FUNDING ACCOUNT	EMPLOYER FEE ACCOUNT <i>(if applicable)</i>
Bank Name:	Bank Name:
Routing Number:	Routing Number:
Account Number:	Account Number:
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
NOTE: If an employee is enrolled without a division or the division is incorrect, funding and fees may be taken from an incorrect account.	

Employees Listed in this Division:

(You may also submit employee listing on a separate document attached to this request.)

FIRST NAME	LAST NAME	SSN

Division Name: _____

CONTRIBUTION FUNDING ACCOUNT	EMPLOYER FEE ACCOUNT <i>(if applicable)</i>
Bank Name:	Bank Name:
Routing Number:	Routing Number:
Account Number:	Account Number:
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
NOTE: If an employee is enrolled without a division or the division is incorrect, funding and fees may be taken from an incorrect account.	



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Employees Listed in this Division:

(You may also submit employee listing on a separate document attached to this request.)

FIRST NAME	LAST NAME	SSN

I certify that I am an individual authorized by the employer 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

Printed Name