



FIFTH THIRD BANK

HSA Employer Bank Account Information/Fee Responsibility 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 Employer 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.**

Employer Name: _____

Employer Code: _____

Bank Account Information:

Please complete the Employer Funding and/or Fee Account information as applicable.

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"/>
This account is where contributions submitted will be deducted.	If you are paying any fees on behalf of your employees, this must be completed. If this is not completed, fees will be deducted from the contribution funding account.

Fee Information (only complete if changing):

Please designate who will be paying the fees by checking the appropriate boxes below.

	EMPLOYER	EMPLOYEE
Monthly Service Fee: Flat Fee Tiered Fee	<input type="checkbox"/>	<input type="checkbox"/>
Investment Account Service Fee:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Effective Date of Fee Changes <i>(mm/dd/yyyy format)</i> :		

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

Printed Name