



## HSA DIRECT DEPOSIT FORM

### Instructions

1. Complete this form to add, change or cancel direct deposit on your HSA.
2. If under Account Type below you choose checking, attach a voided check or copy of a voided check. If you choose savings, attach a savings account deposit slip. Note: deposit slips cannot be accepted for checking accounts.
3. Forward completed form and required information to: Pro-Flex Administrators, LLC (HSA Administrator) at:  
8321 Main Street, Williamsville, NY 14221 or fax to 716-929-2013 or toll free 1-855-214-8987.
4. If you have any questions regarding this form, please call 716-633-2073 or toll free 1-855-847-9069.

### Accountholder Information

\_\_\_\_\_  
 Last Name First Name Middle Initial

\_\_\_\_\_  
 Social Security Number Employee ID and Employer (if applicable)

I am (check one):  Enrolling in  Canceling  Changing Direct Deposit for my HSA.

### Financial Institution Information

\_\_\_\_\_  
 Financial Institution Name

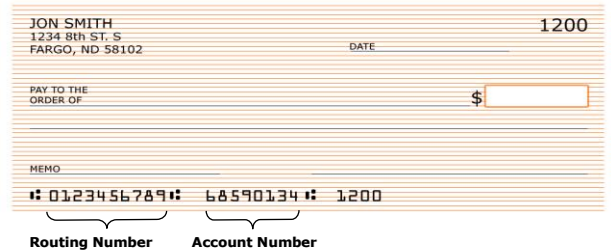
\_\_\_\_\_  
 Financial Institution Street Address

\_\_\_\_\_  
 City State Zip Code

Account Type:  Checking  Savings

\_\_\_\_\_  
 Routing Number

\_\_\_\_\_  
 Account Number



### Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare 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 HSA Administrator and Healthcare Bank.

\_\_\_\_\_  
 Signature of HSA Accountholder Date