

# Health Savings Account Direct Deposit Form



Use this form to set up a personal bank account for your HSA to using in making distributions and contributions. **IMPORTANT: A voided/photocopied check clearing identifying the routing number, account number and account holder name is required.**

1. Complete all sections of this form
2. Email, mail or fax completed form to:

**Email:** CSR@proflexpa.com

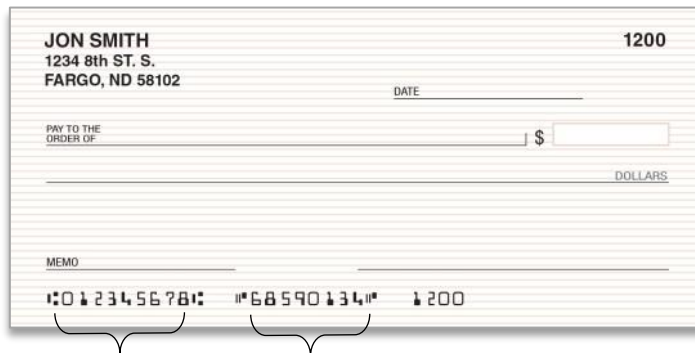
**Address:** Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221

**Fax:** 716-929-2013

\*Required Fields

<b>Part I Consumer Information</b>			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City	*State	*Zip	

<b>Part II Personal Bank Account Information</b>			
*Bank Name			
*Bank Address		*City	*State
*Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		*Routing #	*Account #



Routing #

Account #

<b>Part III Consumer Authorization</b>	
I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes Pro-Flex Administrators, LLC to issue payment directly to the specified account unless I notify them otherwise. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability and admissibility.	
*Consumer Signature	*Date