



HEALTH SAVINGS ACCOUNT DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

This form provides a convenient method of electronically transferring HSA distributions directly into your checking or savings account. This form can be used to change or cancel your direct deposit information.

Accountholder Information

Last Name

First Name

Middle Initial

Social Security Number

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

Financial Institution Information

Financial Institution Name

Street Address

City, State & ZIP

Account Type: Checking Savings

****Attach a voided or a copy of a voided check****

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 Surency or Healthcare Bank, a division of Bell State Bank & Trust Liable for any adverse consequences that may result. I have not received tax or legal advice from Surency 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 Surency and Healthcare Bank.

Signature of HSA Accountholder

Date

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773**

866-818-8805 | Surency.com