



FIFTH THIRD BANK

Direct Deposit Employee Authorization Form



Please contact Chard Snyder at 888.350.5353 to verify the availability of direct deposit reimbursement services for your benefit plan(s) or if you need assistance with completing this form. You may also visit our website at www.53hsa.com.

EMPLOYEE PROFILE *(please print legibly)*

Employer Name

First Name

Home Phone () -

Middle Initial

Work Phone () -

Last Name

Date of Birth (mm/dd/yyyy) / /

Social Security Number - -

Email Address

Address

City

State

Zip Code

BANK ACCOUNT INFORMATION *(please print legibly)*

Direct Deposit – Used for claim reimbursement directly to your personal bank account.

NOT to be used for HSA accountholders trying to link a personal bank account.

Bank Name:

Bank 9 Digit Routing Number *(include all zeros)*:Bank Account Number *(include all zeros)*:**Select One:**

- ☐ Begin Direct Deposit
☐ Change Bank Information
☐ Cancel Direct Deposit

**Account Type
(Select One):**

- ☐ Checking
☐ Savings

EMPLOYEE AUTHORIZATION & ACKNOWLEDGEMENT

- My financial institution can receive transactions via electronic transfer and the bank information provided can serve this purpose.
- I permit Chard Snyder to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credits to the above account, and to allow the financial institution indicated above to credit and/or debit the same to such account.
- I will not hold Chard Snyder responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, my employer or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.
- Chard Snyder reserves the right to collect a \$25 processing fee for transaction returns and reserves the right to periodically change this fee. Chard Snyder is not responsible for any fees that may be incurred and charged to me by my financial institution.
- Direct deposit of my reimbursements shall commence within 4 (four) weeks of receipt of this form.
- My direct deposit may be terminated by any of the following: an online or written cancellation request submitted by me (when allowed by my employer), a failed bank transmittal due to incorrect bank information, cancellation of direct deposit by my employer or in the event that processing fees are incurred and are unpaid for a period of 60 days.

I hereby agree to and understand the information on this form and authorize Chard Snyder to complete my request.

Signature

Date / /

SEND THIS COMPLETED FORM TO CHARD SNYDER VIA:**Email:** 53askpenny@chard-snyder.com**Fax:** *(Do not include a fax cover page)*
513.459.9947 | 888.245.8452**Mail:** Chard Snyder
6867 Cintas Boulevard,
Mason, OH 45040