

KeyBank

HEALTH SAVINGS ACCOUNTS

Employee Authorization

to provide my employer with my
Health Saving Account number

EMPLOYER NAME: _____

GROUP NUMBER: _____

Upon establishment of my Health Savings Account with the group number indicated above, I authorize KeyBank National Association to release to my employer my health savings account number and the date on which my health savings account was established for the purpose of establishing electronic fund transfer services. This Authorization shall be considered as continuing for thirty days after my account was established and will cease after that date.

Employee Signature: _____

Print Name: _____

Date: _____

HEALTH SAVINGS ACCOUNT INFORMATION (to be completed by KeyBank)

KeyBank Routing Number: _____

KeyBank Account Number: _____

Date Account Opened: _____