



HSA EMPLOYER FUNDING PORTAL COMPANY/BUSINESS UPDATE REQUEST

409 Silverside Road, Suite 105
Wilmington, DE 19809
P: 800.555.9316, Option 2
F: 302.791.5798

Use this form to (1) update your company/business information for our HSA Employer Funding Portal and/or (2) add, remove or update your company/business contacts who have access to the portal. The portal is used to upload funding files for the purpose of contributing funds to your employees' Health Savings Accounts (HSAs).

Note: To update or change information about the Payor Bank you use to contribute funds to your employees' HSAs by ACH "pull" initiated by The Bancorp Bank, please complete an ACH "Pull" Authorization Agreement for HSA Funding, which may be found on the "Forms" page of our website.

Please complete the entire form (Parts 1-4), as applicable. Only typed forms will be accepted for processing.

PART 1: Company/Business Information Currently on File – Required

Company Name:		Group ID Number/Code:
Mailing Address:		
City:	State:	Zip:
Phone:		

PART 2: Company/Business Information to Be Updated

Indicate with an asterisk (*) information to be updated.

Company Name:		Group ID Number/Code:
Mailing Address:		
City:	State:	Zip:
Phone:		

PART 3: Company/Business Contact(s) to Be Added, Removed or Updated

Please note: Each email address may be linked to only one company/business in the HSA Employer Funding Portal. The contacts and their email addresses listed below will be linked to the company/business identified above.

Contact #1:	<input type="checkbox"/> Add New Contact <input type="checkbox"/> Remove Existing Contact (disable access to the Funding Portal) <input type="checkbox"/> Update Information for Existing Contact (indicate with an asterisk (*) information to be updated)	
First Name:	Last Name:	
Email:	Business Phone: (and extension)	

(Part 3 continued on next page)

PART 3 (continued from previous page)

Contact #2:	<input type="checkbox"/> Add New Contact <input type="checkbox"/> Remove Existing Contact (disable access to the Funding Portal) <input type="checkbox"/> Update Information for Existing Contact (indicate with an asterisk (*) information to be updated)	
First Name:	Last Name:	
Email:	Business Phone: (and extension)	

Contact #3:	<input type="checkbox"/> Add New Contact <input type="checkbox"/> Remove Existing Contact (disable access to the Funding Portal) <input type="checkbox"/> Update Information for Existing Contact (indicate with an asterisk (*) information to be updated)	
First Name:	Last Name:	
Email:	Business Phone: (and extension)	

PART 4: Signature – Required

I authorize The Bancorp Bank to update its HSA Employer Funding Portal records with the information provided above.

Signature of Authorized Representative of Company/Business:		Date: (mm/dd/yyyy)
Print Name:	Title:	
Business Phone: (and extension)	Email:	

Please note:

- Allow up to five business days for processing after we have received your completed form.
- We will provide any new contact listed in Part 3 with login credentials and directions for accessing the Funding Portal.
- Please keep a copy of this form for your records.

Please **mail, fax or email** this completed, signed form to:

The Bancorp Bank
 Attn: HSA Operations
 409 Silverside Road, Suite 105
 Wilmington, DE 19809
 Fax: 302.791.5798
 DepositResearch@thebancorp.com

FOR BANK USE ONLY

Affinity Number:	Affinity Name:	
Entered by:	Verified by:	Date: (mm/dd/yyyy)