



**Employer HSA Setup Form**

**Company Information:**

Company Name:		
Street Address:		
City:	State:	Zip:
Tax ID #:		
Name of Key Contact:	Title:	
Email Address:		
Telephone:	Fax:	

**HSA Information:**

Estimated Number of Participating Employees:		
Will the Company Contribute to the Members' HSAs (circle one):	Yes	No
How Will You Fund Your Members' HSAs (check all that apply):		
<input type="checkbox"/> Manual Check		
<input type="checkbox"/> Payroll Direct Deposit		
<input type="checkbox"/> Bancorp's Online Contribution Portal		

**Financial Institution Selection:**

You understand that The Bancorp, Inc. will be the financial custodian for your members' HSAs:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Signature & Authorization:**

I hereby authorize that the information on this form is true & correct.	
Signature of Employer Representative:	Date: