



Client/Employer Change Notification

SECTION A – GENERAL INFORMATION				
NOTE: This form is to be used when an employer is changing either an HR contact or a plan funding account.				
Employer Name:				
Federal Tax ID Number (EIN):				
Change Effective Date (mm/dd/yyyy):				
SECTION B - NE	W CONTACT INFO	RMATION		□ N/A
Name:				
Direct Phone Number:				
Email Address:				
Type of Contact (Select all that apply):		☐ Setup/Re-enro	ollment	
		☐ Day-to-Day		
		Billing		
Online Access Needed to CS Employer Portal:		☐ Yes		□ No
Replacement Contact:		Yes, this conta (Name):	act has replaced	☐ No, this is an additional contact
SECTION C – NEW FUNDING INFORMATION				
Funding Account:		□ Employer Account – All reimbursements will be issued directly out of this account. Note: Please notify bank to allow CS access to pull funds. Our Originator ID# is: 1311239992 (Complete B2 Check Reimbursement Setup & B12 Client/Employer EFT Authorization) □ Chard Snyder 'House' Account		
Additional Charge for CS Account- ER Push (Based on number of participants):		☐ CS ACH – Chard Snyder will pull funds from the employer bank account* (Complete B12 Client/Employer EFT Authorization) *Please notify bank to allow CS access to pull funds. Our Originator ID# is: 1311239992		
Participants:	Monthly Fee:	Other Options:		
1–99	\$50	☐ ER Push – Employer will transfer funds into the Chard Snyder bank account via:		
100–499	\$125			
500+	\$225	ACH (Our acct information will be provided to you during Implementation)		
Check (Administrative fees & funding payments must be			ling payments must be issued separately)	
SECTION D – EMPLOYER SIGNATURE				
For officer or department leader use only; Must currently be listed as an authorized contact at the employer group. By signing below, I approve the information obtained within this document for purpose of changing a plan contact and/or funding account.				
Employer Signature:			Date:	