



FIFTH THIRD BANK



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 – NEW CONTACT INFORMATION [ ] N/A

Name:
Direct Phone Number:
Email Address:
Type of Contact (Select all that apply):
Online Access Needed to CS Employer Portal:
Replacement Contact:

SECTION C – NEW FUNDING INFORMATION [ ] N/A

Funding Account:
Additional Charge for CS Account-ER Push (Based on number of participants):
Other Options:
ER Push – Employer will transfer funds into the Chard Snyder bank account via:
ACH (Our acct information will be provided to you during Implementation)
Check (Administrative fees & funding 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: