



## HSA ACCOUNT CLOSE/ AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

Name: \_\_\_\_\_

HSA Checking Account Number: 9 5 0 0

HSA Debit Card Account Number: 5 1 0 7 0 3

If you have been issued an additional debit card, please list the number below:

HSA Debit Card Account Number: 5 1 0 7 0 3

I authorize ACS/Mellon to (1) cancel debit cards issued for this account on or about January 31, 2008; (2) provide to **Bank of America** the balance of my account as of February 14, 2008 as well as my account number for purposes of a trustee transfer; and (3) I request that Mellon close my HSA accounts indicated above.

- ✓ I understand the transfer to Bank of America will be delayed should I, or my authorized account users, make withdrawals from or contributions to my ACS/Mellon HSA account which post after January 31, 2008 and additional documentation/authorization may be required to complete the transfer of assets.
- ✓ I understand any funds I have invested in Dreyfus investment funds must be transferred to my ACS/Mellon HSA checking account and that I need to request a transfer of those funds to my HSA Checking Account *prior* to submission of this authorization and no later than January 31, 2008 for inclusion in the February 14, 2008 account balance as well as to ensure proper movement of funds and 1099 distribution reporting.

Accountholder Name \_\_\_\_\_

Accountholder Signature \_\_\_\_\_

**Send this form back to:**

Farm Credit Foundations  
5E-22  
375 Jackson Street  
St. Paul, MN 55101-1810

*For Internal Use only:*

Signature Verified by: _____	Date: _____
PAN Deleted from Elan by: _____	Date: _____
PAN Deleted from Flex by: _____	Date: _____
FLEX Acct Closed by: _____	Date: _____
Check # _____	Amt _____