

Change of Address Notification



Instructions: Complete all fields below and return signed form to: HSA Bank, P.O. Box 939, Sheboygan, WI 53082, Fax: 877-851-7041.

For your convenience, information may also be updated online through our Member Website. For details, visit www.hsabank.com/member.

For assistance, please call 800-357-6246, Monday - Friday, 7 a.m. - 9 p.m., or Saturday, 9 a.m. - 1 p.m., CT.

PERSONAL INFORMATION				
First Name:		Middle Initial:	Last Name:	
Account Number (8 or 12 digits from the Member Website)				
OR				
Accountholder's Full Social Security Number: _____ - _____ - _____				
<i>Account Number OR full Social Security Number is required.</i>				
OLD ADDRESS				
Street Address:				
City:		State:	ZIP Code:	
P.O. Box:	P.O. Box City:	P.O. Box State:	P.O. Box ZIP Code:	
NEW ADDRESS				
Preferred Mailing Address: <input type="checkbox"/> Street Address <input type="checkbox"/> P.O. Box				
Street Address:				
City:		State:	ZIP Code:	
P.O. Box:	P.O. Box City:	P.O. Box State:	P.O. Box ZIP Code:	
Home Phone Number:		Business Phone Number:		
Email:				
HSA ACCOUNT OPTIONS				
If you are adding an Authorized Signer, please fill out an Authorized Signer Form, available at www.hsabank.com/forms , or call the number listed above.				
<input type="checkbox"/> I would like to order 50 duplicate checks and 10 deposit tickets with my new address, at a cost of \$7.95.				
<input type="checkbox"/> Include Authorized Signer's name on checks <input type="checkbox"/> Yes <input type="checkbox"/> No Starting check number for this order _____				
<input type="checkbox"/> I would like a Visa® debit card issued in my name, for my account, at a cost of \$12.				
<input type="checkbox"/> I would like a Visa® debit card issued in my Authorized Signer's name, for my account, at a cost of \$12.				
Note: If you choose any of the above options, the total cost will be deducted from your HSA balance. Checks with your old address may still be used.				
Signature (required)			Date:	