

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., Saturday, 9 a.m. - 1 p.m., CT.

| PERSONAL INFORMATION | | | |
|---|----------------|--|--------------------|
| First Name: | MI: | Last Name: | |
| Customer Verification (Social Security Number or Account Number Required) | | | |
| Social Security Number: | | Account Number: (8 digits from your statement) | |
| 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 | | | |
| Include Authorized Signer's name on checks <input type="checkbox"/> Yes <input type="checkbox"/> No Starting check number for this order <input type="text"/> | | | |
| <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: |

This form will only change your information at HSA Bank. Remember to change your information with your health plan representative, investment advisor and/or broker.