

Change of Address Notification Form



Instructions: Complete all fields below and return signed form to:

Email: hsaforms@hsabank.com; Fax: 877-851-7041;

Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

For your convenience, information may also be updated online through the Member Website.

For details, visit hsabank.com.

If you have any questions, our U.S.-based Client Assistance Center is available 24/7 at 800-357-6246.

PERSONAL INFORMATION										
First Name:				Middle Initial:			Last Name:			
Account Number: (8 or 12 digits from your Welcome Kit or Member Website. The account number is located on the Accounts Tab in the Member Website.)										
Accountholder's Full 9-digit Social Security Number:							-			
Note: Account Number OR full Social Security Number is required.										
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:										
Signature: (required)								Date:		

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