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: Street Address 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.						
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 Yes No Starting check number for this order						
☐ I would like a Visa® debit card issued in my name, for my account, at a cost of \$12.						
☐ 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.