

# Name Change Request Form

**Instructions:** Complete all the fields below and return the signed form to one of the following:

- **Online:** Log in to your HSA Bank account. Then go to Resources and upload the required document(s) under Secure Document Upload. Create your login at [account.hsabank.com](https://account.hsabank.com) if you don't have one.
- **Email:** [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com)
- **Mail:** 909 N 8th Street, Suite 200, Sheboygan, WI 53081-4056

For assistance, please call the number on the back of your debit card, or 800-357-6246 if you don't have it.

**Please attach supporting documentation of the name change such as a copy of a marriage certificate, divorce decree, or a court order for the name change. If the proper documentation is not received, this form will not be processed and the name on file will remain as is.**

All fields are required.

## Current or Existing Information

First Name:	MI:	Last Name:
Full 9-Digit Social Security Number (required):		

## New Information

First Name:	MI:	Last Name:
-------------	-----	------------

## Debit Card Reorder Request

Please check box if requesting a new debit card to reflect name change.  
It will take 10-14 business days to receive the card after the change is completed. The current card will still work until the new one is received. Refer to your debit card disclosure for more information.

## Consumer Authorization

You acknowledge that the changes specified on this form shall become effective upon the receipt, acceptance and processing of this form by HSA Bank.

Signature:	Date:
------------	-------