

Revoke Authorized Signer Form

Complete this form to revoke an authorized signer.

Email, fax or mail the completed form to:

Email: hsaforms@hsabank.com

Fax: 877-851-7041

Mail: P.O. Box 939, Sheboygan, WI 53082-0939

For assistance, please call 800-357-6246.

Accountholder Information										
First Name:			Middle Initial:			Last Name:				
Account Number (8 or 12 digits from Member Website):										
Accountholder's Full Social Security Number*:						-			-	
<i>Account number OR full social security number is required.</i>										
Authorized Signer to Be Removed from Account										
First Name:			Middle Initial:			Last Name:				
Account Options										
<p>I would like to place a stop payment on current checks.</p> <p>Individual check number _____</p> <p style="text-align: center;">OR</p> <p>Series: From check number _____ Through check number _____</p> <p>Note: If a debit card has been issued to the authorized signer, it will be deactivated.</p>										
Revocation										
Please complete one of the selections below.										
<p>Revoked by accountholder</p> <p>The authorized signer authority previously granted to the authorized signer listed above is hereby terminated. I understand that I am responsible for recovering any checks or debit cards which are in the possession of the authorized signer.</p> <p>_____</p> <p>Accountholder signature _____</p> <p style="text-align: right;">Date</p> <p>Revoked by authorized signer</p> <p>As authorized signer I understand that I am responsible for returning any checks or debit cards which are in my possession to the accountholder.</p> <p>_____</p> <p>Accountholder signature _____</p> <p style="text-align: right;">Date</p>										