

Power of Attorney Request Form



Please complete this form and submit it to HSA Bank:
Email: hsaforms@hsabank.com; Fax: 877-851-7041;
Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

Required: Please attach supporting legal documentation naming the power(s) of attorney. This form won't be processed if the proper documentation isn't provided.

For assistance, please call 800-357-6246.

Accountholder information			
First name:		Middle initial:	Last name:
Date of birth (mm/dd/yyyy):			
Full 9-digit Social Security number: OR Account number (<u>not</u> the same as your debit card number):			
Power(s) of attorney information			
First name:		Middle initial:	Last name:
Date of birth (mm/dd/yyyy) (must be at least 18):			
Full 9-digit Social Security number:			
Home phone number:			
Street address (no P.O. Box):			
City:		State:	ZIP:
First name:		Middle initial:	Last name:
Date of birth (mm/dd/yyyy) (must be at least 18):			
Full 9-digit Social Security number:			
Home phone number:			
Street address (no P.O. Box):			
City:		State:	ZIP: