

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

Call 800-357-6246 for assistance.

Note: For your convenience, information may also be updated online through the Member Website. For details, visit hsabank.com.

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.