

Name Change Request Form



Instructions — Please complete and return this form with the proper documentation:
Online: Log in to your HSA Bank account. If you haven't created your username and password yet, please do so at hsabank.com and then log in. Next, select Resources from the left navigation, and in the Secure Document Upload section, click Upload.
Email: hsaforms@hsabank.com; Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082
With any changes, please review your account information including authorized signers, beneficiaries and mailing address.

For assistance, please call the number on the back of your debit card.

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									
<input type="checkbox"/> 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:				