

Revoke Authorized Signer Form

Instructions: Mail or fax the completed form to: **HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939, Fax: (877) 851-7041.**
 For assistance, call (800) 357-6246, Monday - Friday, 7 a.m. - 9 p.m., CT.

ACCOUNTHOLDER INFORMATION:

First Name:	MI:	Last Name:
Account Number (8 digits from your Welcome Kit or statement)		Social Security Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

AUTHORIZED SIGNER TO BE REMOVED FROM ACCOUNT

First Name:	MI:	Last Name:
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ACCOUNT OPTIONS:

- I would like to reorder 50 duplicate checks without the authorized signer's name. The fee of \$7.95 will be deducted from my account.
 Starting Check Number For This Order
- I would like to place a stop payment on current checks. The fee of \$25 will be deducted from my account.
- Individual Check Number
- OR**
- Series: From Check Number Through Check Number

Note: If a debit card has been issued to the authorized signer, it will be deactivated.

REVOCATION

Please complete one of the selections below.

- Revoked By Accountholder**
 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.
- _____ Date _____
 Accountholder Signature
- Revoked By Authorized Signer**
 As authorized signer I understand that I am responsible for returning any checks or debit cards which are in my possession to the accountholder.
- _____ Date _____
 Authorized Signer Signature