



HSA Bank Account Closing Form

**Instructions:**

- Use this form to remove all funds from your Health Savings Account (HSA) and close your account with HSA Bank.
- Complete this form and mail or fax it to: **HSA Bank, P.O. Box 939, Sheboygan, WI 53082, Fax: 877-851-7041.**
- For assistance, call 877-247-1329, Mon - Fri, 7 a.m. - 9 p.m., or Sat, 9 a.m. – 1 p.m., CT. Para ayuda en Español, por favor llamar 877-247-1331.

ACCOUNTHOLDER INFORMATION

First Name:	MI:	Last Name:
Street Address:		
City:	State:	ZIP Code:
Account Number:	OR	Social Security Number:

Your remaining HSA balance, less the \$25 account closing fee, will be mailed to you within three weeks of HSA Bank receiving this form.

CLOSING REASON

Account fees	Interest rates	Customer service	No longer have a high deductible health plan (HDHP)
No longer eligible to contribute to an HSA		Have an insurance plan that uses a different HSA provider	
Transferring to another financial institution _____ <i>(Transfer form from new institution is required.)</i>		Other _____	

SIGNATURE

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

Accountholder Signature:	Date:
For bank use only – Authorized by:	Date: