

## Change of Address Notification Form



**Instructions:** Complete all fields below and return signed form to:

Email: [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com); Fax: 877-851-7041;

Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

For your convenience, information may also be updated online through the Member Website.

For details, visit [hsabank.com](http://hsabank.com).

If you have any questions, our U.S.-based Client Assistance Center is available 24/7 at 800-357-6246.

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:							-			
<b>Note: Account Number OR full Social Security Number is required.</b>										
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:										
<b>Signature: (required)</b>								<b>Date:</b>		

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.