

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.
Email: hsaforms@hsabank.com

If you have any questions, our U.S.-based Client Assistance Center is available 24 hours a day, 7 days a week, at 800-357-6246.

Accountholder Information		
First Name:	Middle Initial:	Last Name:
Account Number (8 or 12 digits from the Member Website):		
OR		
Accountholder's Full Social Security Number: _____		
<i>Account Number OR full Social Security Number is required.</i>		
Authorized Signer to Be Removed From Account		
First Name:	Middle Initial:	Last Name:
Account Options		
<input type="checkbox"/> I would like to reorder 50 duplicate checks without the authorized signer's name. A fee may be deducted from my account in accordance with my <i>Health Savings Account Fee and Interest Rate Schedule</i> . Starting Check Number For This Order _____		
<input type="checkbox"/> I would like to place a stop payment on current checks. A fee may be deducted from my account in accordance with my <i>Health Savings Account Fee and Interest Rate Schedule</i> .		
<input type="checkbox"/> Individual Check Number _____		
OR		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
_____		_____
Accountholder Signature	Date	
<input type="checkbox"/> 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.		
_____		_____
Authorized Signer Signature	Date	