

Name Change Request Form



Instructions: Complete and remit this form if requesting a name change.

Required: 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.

Mail, or fax, or email your signed form and supporting documentation to:

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

Fax: 877-851-7041

Email: hsaforms@hsabank.com

Note: If the proper documentation (see above) is not received, this form will not be processed and the name on file will remain as is.

With any changes, please review your account information including authorized signers and beneficiaries.

For assistance, please call 800-357-6246.

All fields are required.

Step 1: Current/Existing Information			
Member First Name:	Member Middle Initial:	Member Last Name:	
Permanent Address:	City:	State:	Zip Code:
Social Security Number: (At least the last 4 digits of the SSN is required)			
Step 2: New Information			
Member First Name:	Member Middle Initial:	Member Last Name:	
Change of Address To update your mailing address: Please log in to your online account at http://MyAccounts.hsabank.com . Once logged in, select Profile Summary under the Profile tab from the menu, then click Update Profile. OR Call the Client Assistance Center at 800-357-6246.			
Step 3: Debit Card Reorder Request			
Please check box if requesting a new debit card to reflect name change. <input type="checkbox"/> 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.			
Step 4: Consumer Authorization			
A physical signature is REQUIRED for the name change request to be processed. You acknowledge that the changes specified on this form shall become effective upon the receipt, acceptance, and processing of this form by HSA Bank.			
Member Signature:	Date:		