

ADDRESS CHANGE REQUEST

Fax: 812-468-1173

Mailing Address: The HSA Authority, Attn: HSA Operations, P.O. Box 3606, Evansville, Indiana 47735

CUSTOMER INFORMATION

A	Name (First) _____ (Middle) _____ (Last) _____	Account # _____	SSN # _____
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ADDRESS CHANGE INFORMATION

Must include a physical address, P.O. Box only cannot be accepted.

B	Old Address _____ _____ City _____ State _____ Zip _____ Home Phone (Area Code First) _____ Business Phone (Area Code First) _____ E-mail Address _____	New Address (Can not be a P.O. Box) _____ City _____ State _____ Zip _____ Mailing Address (If different from street address) _____ City _____ State _____ Zip _____ Home Phone (Area Code First) _____ Business Phone (Area Code First) _____ E-mail Address _____
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SIGNATURE REQUIRED FOR ALL CHANGES

Please have form notarized below.

C	Account Holder Signature X _____	Date _____
State of: _____ County of: _____ Subscribed and affirmed before me, a Notary Public, this _____ day of _____, 20_____. _____ Notary Public - Official Signature My commission expires _____ .		
NOTARY SEAL		

Bank Use Only: Date: _____ Bank Associate: _____
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- Negative Confirmation Letter
 Navigator
 Bill Pay
 Investments
 Return Mail
 Relationships