



## HSA NAME CHANGE

Fax: 812-468-1173

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

**IMPORTANT: Must attach court document ie: marriage license, divorce decree, or legal name change papers. Driver's license cannot be accepted.**

### NAME CHANGE INFORMATION

|          |                |                        |
|----------|----------------|------------------------|
| <b>A</b> | Account Number | Social Security Number |
|          |                |                        |

### OLD NAME

### NEW NAME

|                   |         |          |        |         |          |        |
|-------------------|---------|----------|--------|---------|----------|--------|
| <b>B</b>          | (First) | (Middle) | (Last) | (First) | (Middle) | (Last) |
|                   |         |          |        |         |          |        |
| Reason for Change |         |          |        |         |          |        |

Please order a new debit card reflecting new name. No Charge

Please order new checks reflecting new name. Account will be charged \$19.66 plus sales tax for 30 duplicate checks.

### SIGNATURE REQUIRED FOR ALL CHANGES

|          |                            |      |
|----------|----------------------------|------|
| <b>C</b> | Account Holder Signature X | Date |
|          |                            |      |

#### Bank Use Only:

Date: \_\_\_\_\_ Bank Associate: \_\_\_\_\_