

## ADDRESS CHANGE REQUEST

## Fax: 260.427.7185 Mailing Address: The HSA Authority, Attn: Processing Center, P.O. Box 11454, Fort Wayne, Indiana 46858 Customer Information Name (First) (Middle) (Last) Account # SSN# ADDRESS CHANGE INFORMATION Must include a physical address, P.O. Box only cannot be accepted. Old Address New Address (Can not be a P.O. Box) City State Zip Mailing Address (If different from street address) City Zip State Home Phone (Area Code First) Business Phone (Area Code First) State Zip E-mail Address Home Phone (Area Code First) Business Phone (Area Code First) E-mail Address SIGNATURE REQUIRED FOR ALL CHANGES Please have form notarized below.

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

Bank Use C	Only:						
Date:		Banker:					
	Negative Confirmation Letter	☐ Navigator	☐ Bill Pay	☐ Investments	Return Mail	Relationships	

