

Address Change Form

Account Holder Information

Full Name:	
Account Number:	Last 4 Digits SSN (Required):

Address Change Information

Old Address:	
Home Phone:	Business Phone:
Email Address:	

New Address (cannot be a PO Box):	
Mailing Address (if different from street address):	
Home Phone:	Business Phone:
Email Address:	

Account Holder Signature

PLEASE NOTE: This form must be notarized below before being processed.

Account Holder Signature:	Date:
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Notary

State of: _____

County of: _____

Subscribed and affirmed before me, a Notary Public, this

_____ day of _____, 20_____

Signature: _____

My Commission Expires: _____

Contact Us

If you should have any questions, please contact The HSA Authority Operations at 866-685-1064. Return the completed form to The HSA Authority by email, fax or mail:

Email: HSAsupport@oldnational.com

Fax: 812-468-1173

Mail: The HSA Authority
 Attention: HSA Operations
 PO Box 3606, Evansville, IN 47735