HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

REVOKE AUTHORIZED SIGNER FORM

Instructions: Mail or fax the completed form to:
HSA Bank, PO Box 939, Sheboygan, WI 53082-0939, FAX: (877) 851-7041. For assistance, call (800) 357-6246.

Accountholder Information

First Name **MI** **Last Name**

Account # (8 digits, from your statement)

Social Security # - -

(Soc. Sec.# or Account# required)

Authorized Signer to be Removed from Account

First Name **MI** **Last Name**

Account Options

☐ I would like to reorder 50 duplicate checks without the authorized signer's name. The fee of $7.95 will be deducted from my account.
Starting Check Number For This Order

☐ I would like to place a stop payment on current checks. The fee of $25 will be deducted from my account.
☐ Individual Check #
OR
☐ Series: From Check # Through Check #

Note: If a debit card has been issued to the authorized signer, it will be deactivated.

Revocation Please complete one of the selections below.

☐ **Revoked By Accountholder**

The authorized signer authority previously granted to the authorized signer listed above is hereby terminated. I understand that I am responsible for recovering any checks or debit cards which are in the possession of the authorized signer.

Accountholder Signature **Date**

☐ **Revoked By Authorized Signer**

As authorized signer I understand that I am responsible for returning any checks or debit cards which are in my possession to the accountholder.

Authorized Signer **Date**