

**Health Savings Account
Change of Personal Information Form**

Health Savings Account Number

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Name Change:

Previous Name

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First

MI

Last

New name

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First

MI

Last

Marriage Certificate

Divorce Decree

***Copy of official must be kept at bank**

Address Change:

New Address

Effective Date:

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Phone Numbers

Home:

Work:

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Email Address

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By signing below, I certify that all the information I am providing to American Chartered Bank is complete and correct.

Signature of Account Holder

Date

Signature Verified By: (For Bank Use Only)

Date

Mail Form To: American Chartered Bank

HSA Processing

PO Box 5994

Carol Stream, IL 60197-5994

Phone (847) 407-2603 Fax (847) 407-2633