



Health Savings Account (HSA) Address Change Request Form

9	8										UMB Health Savings Account Number (10-digit number found on your HSA statement)
---	---	--	--	--	--	--	--	--	--	--	---

NAME OF INDIVIDUAL HSA OWNER AS IT APPEARS ON ACCOUNT (PLEASE PRINT)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH

Old Address and Phone Number	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER

New Address and Phone Number	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER

I authorize UMB Bank to make the address and phone number changes shown above.

Signature of Account Owner X	Date
-------------------------------------	-------------

**Return completed form to: UMB Bank, n.a.
 Mailstop 1170204 – CI Center
 P.O. Box 419226
 Kansas City, MO 64106-6226**

Or Fax to: 816.843.2247

UMB Bank Use Only	
Date:	
Notated in ClientLink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initials:	