

Account Closing Request Form



ACCOUNT HOLDER INFORMATION

Distributions from a Health Savings Account not used for the purpose of paying qualified medical expense may be subject to IRS penalties and income tax. Please consult a tax advisor before any such distribution/withdrawal.

First Name _____ Middle Initial _____ Last Name _____

Birthday _____ Address _____

City _____ State _____ ZIP _____

Social Security Number _____ HSA Number _____

Withdrawal/Distribution Amount \$ _____ Phone Number _____

WITHDRAWAL/DISTRIBUTION INFORMATION

Please select from the following:

Cashier's Check

Direct Deposit

Account Number _____

Routing Number _____

I certify the accuracy of the distribution reason selected above and authorize the transaction. I understand that I am responsible for any consequences resulting from this distribution, including any taxes and penalties owed.

Account Holder Signature

Date

SUBMISSION OPTIONS

FAX
701.356.6460
ATTN: HSA Department

MAIL
Choice Bank - HSA Department
4501 23rd Avenue S
Fargo, ND 58104

EMAIL
hsa@bankwithchoice.com
We recommend sending in a
secure format.

HELPLINE 866.702.9033

EMAIL hsa@bankwithchoice.com

*Live help available 8:00 am to 6:00 pm CST
Monday—Friday*

bankwithchoice.com/personal-hsa/



Member FDIC • EEO/AA • Choice Bank is a division of CFG.