



## HSA ACCOUNT REQUEST FOR COPY OF CHECK

Name: \_\_\_\_\_

HSA Checking Account Number: 9 5 0 0

I am requesting a copy of the check(s) indicated below. This information should be mailed to the address on record. If your address has changed, please submit a Change of Address Form with this request.

Specify Check Number(s) for which a copy is to be provided

_____	_____	_____	_____
_____	_____	_____	_____

Please note, a fee of \$5.00, or as stated on your rate and fee schedule, per check requested will be assessed and deducted from your HSA account. By completing, signing and submitting this form for processing, I authorize this deduction.

\_\_\_\_\_  
*Account holder's signature is required*

Address
City, State, and Zip

**Mail this form to:**

BenefitWallet  
P.O. Box 1584  
Secaucus, NJ 07094-1584

BenefitWallet  
500 Plaza Drive 8th Floor  
Secaucus, NJ 07094

*For Internal Use only:*

Signature Verified by: _____	Date: _____
Check Copy Prepared by: _____	Date: _____