

Request for Copy of Check Form



Name: _____

HSA Checking Account Number: 9500

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 per check requested, or as stated on your rate and fee schedule, 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, Zip	

Please return the completed form via U.S. Mail or Courier/Overnight as shown below:

U.S. Mail:

BenefitWallet SEC
P.O. Box 18030
Norfolk, VA 23501-1880

Courier/Overnight:

BenefitWallet
1434 Crossways Blvd.
Attn: East Wing
Chesapeake, VA 23320

For Internal use only:

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

