



CHOICE FINANCIAL

Your HSA Bank.

Employee Departure Form

Please remove association of the below employee with the below employer.

Employee:

Name:

Last four digits of account #:

Employer:

Name:

Employer Group #:

SUBMIT COMPLETED FORM TO ONE OF THE FOLLOWING:

FAX
701.356.6460
Attn: HSA Department

MAIL
Choice Financial - HSA Dept.
4501 23rd Ave. S.
Fargo, ND 58104

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

For customer service, please call our HSA Hotline at: 866.702.9033