



H.S.A. Authorized Signer

A Health Savings Account (HSA) is an individual account owned by an account owner. The account owner may authorize a spouse or third party the ability to withdraw funds from the HSA.

I hereby designate this individual as an authorized signer on the HSA:

First _____ MI _____ Last _____

SSN _____-_____-_____ Date of Birth ____/____/____

Street Address _____ City _____

State _____ ZIP _____ Home Phone _____

Drivers License Number _____ State _____ Exp. _____

Account Passcode (to be used when you call in) _____

PROVIDE VISA CHECK CARD IN AUTHORIZED SIGNERS NAME? Y N

ADD AUTHORIZED SIGNER NAME TO CHECKS? Y N

The authorized signer may perform withdrawal transactions with the HSA including the use of the VISA check card and writing of checks. I also agree that my authorized signer may access all records and information relating to this HSA. Furthermore, I hold harmless and indemnify BCU from any claims or losses that may arise out of BCU allowing an authorized signer to transact on the account and release BCU from any liability arising from this appointment. I authorize BCU to rely upon this authorization until BCU receives written revocation of this authorization and allow BCU reasonable time to act upon.

HSA Owner Signature

Date

Authorized Signer Signature

Date