

Financial Center First Credit Union  
Health Savings Account  
Authorized User Add/Remove Request Form

Date: \_\_\_\_\_

Credit Union Account Number: \_\_\_\_\_

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

ADD

REMOVE

Authorized User Name: \_\_\_\_\_

Authorized User SSN: \_\_\_\_\_

Authorized User Date of Birth: \_\_\_\_\_

ADD

REMOVE

Authorized User Name: \_\_\_\_\_

Authorized User SSN: \_\_\_\_\_

Authorized User Date of Birth: \_\_\_\_\_

By signing below you authorize Financial Center First Credit Union to ADD or REMOVE the above individual(s) as authorized users to your Health Savings Account and issue/revoke a Health Savings Account Debit Card. You agree to the terms and conditions of the Important Account Information Brochure, the Credit Union HSA Disclosure Statement and the Financial Center First Credit Union debit cardholder agreement that was provided at account opening. Authorized user debit card(s) will be mailed to the Primary Applicant's home address.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date