



Internal Use Only
Teller ID: _____
Branch Name: _____

Health Savings Account
Authorized User Add/Remove Request Form

Member Name: _____ Account Number: _____

Authorized User Information:

Authorized User Name: _____ SSN: _____
 Date of Birth: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Add Remove

Authorized User Name: _____ SSN: _____
 Date of Birth: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Add Remove

Authorized User Name: _____ SSN: _____
 Date of Birth: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Add Remove

SIGNATURE:

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 Member's home address.

Member Signature: _____ Date: _____