SEFCU
A Federal Credit Union

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 other third party to withdraw funds from the HSA and to obtain account records and other information related to the HSA.

I hereby designate the individual listed below 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. _____

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

_____

HSA Owner Signature Date

_____

Authorized Signer Signature Date