



HSA Authorized Signer Agreement

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 _____ -- -- DOB _____ / _____ / _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Driver License Number _____ State _____

Issue Date _____ / _____ / _____ Expiration Date _____ / _____ / _____

PROVIDE VISA® CHECK CARD IN AUTHORIZED SIGNER'S NAME? Yes No

ADD AUTHORIZED SIGNER NAME TO CHECKS? Yes No

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 allows SEFCU reasonable time to act upon.

HSA Owner Signature Date

Authorized Signer Signature Date

PLEASE INCLUDE A CLEAR COPY OF AUTHORIZED SIGNER'S DRIVER LICENSE