

HSA AUTHORIZED SIGNER REQUEST FORM



Primary Owner _____

Account Number _____

I request Mid American Credit Union add the following authorized signer on my HSA account:

Authorized Signer's Name (*Spouse, child, etc.*)

Select 4-digit HSA debit card PIN

Address

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City, State, Zip Code

Driver's License Number

State of Issue

Social Security Number

Date Issued

Date of Birth

Expiration Date

Authorized Signer's Email

Authorized Signer's Phone Number

An HSA is a tax-exempt trust account established exclusively for the purpose of paying qualified medical expenses of eligible participants of your HSA.

You understand by allowing others access to your account through the above device, you are solely responsible for transactions executed by them or yourself on this HSA account.

This authorization does not allow the person so named to do in person withdrawals from the account or change any conditions of the account.



HSA Owner's Signature



Date