Authorized Signer Form

Instructions:
Complete this form and submit it to HSA Bank by mail to HSA Bank, P.O. Box 939, Sheboygan, WI 53082 or email to **hsaforms@hsabank.com**.
For assistance, please call the number on the back of your debit card.

Accountholder Information

All fields required unless otherwise indicated.			
First name:	MI:	Last name:	Date of birth: (mm/dd/yyyy)
Social Security number:	**OR**	Account number:	

Authorized Signer Information

All fields required (P.O. box not accepted). Since regulations require that only one individual own a Health Savings Account (HSA), you may want your spouse and/or third party to be an Authorized Signer to write checks or use your card.		
Authorized signer's first name:	MI:	Authorized signer's last name:
Social Security number (required):	Date of birth: (mm/dd/yyyy) (must be at least 18)	Home phone number:
Street address (no P.O. Box):		
City:	State:	Zip code:

This is a request to add an Authorized Signer. Please send a HSA Bank Visa® debit card to the person listed above. A debit card will be issued in the Authorized Signer's name.

Authorized signer's name:	Authorized signer's name:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will need you and your Authorized Signer to provide name, street address, date of birth and other information that will allow us to identify you and your Authorized Signer. We may also ask to see your driver's license or other identifying documents.

Signatures

If you wish to designate an Authorized Signer on your account, please complete all of the required fields above. If you are unable to provide all of the required information on your Authorized Signer, they will not be added to your account. You hereby designate the following individual as an Authorized Signer on your Health Savings Account. By designating an Authorized Signer on your account, you authorize the person designated above as "Authorized Signer" to transact business with and give instructions to HSA Bank regarding your Health Savings Account; make deposits or withdrawals by any means acceptable to HSA Bank, including paper and electronic methods such as ACH and Internet-generated transactions; receive and have access to account information, including account balances and transactions; endorse any instruments such as checks, orders or other documents for the payment of funds; and to otherwise serve as agent for your HSA Bank Health Savings Account.

You specifically authorize HSA Bank, as custodian of your HSA, to rely upon this authorization and designation until such time, if any, that HSA Bank receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You understand that you are responsible for ensuring that your Authorized Signer reads and understands the HSA Bank Account documents which have been provided to you. You hold harmless and indemnify HSA Bank against any claims against or losses HSA Bank may suffer arising out of HSA Bank's reliance on this authorization, and release HSA Bank from any liability arising from such reliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the Authorized Signer regarding your account.

NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS GIVEN TO THE AUTHORIZED SIGNER BY THIS AUTHORIZATION. UPON NOTICE TO HSA BANK OF YOUR DEATH, THIS AUTHORIZATION TERMINATES, AND RIGHTS TO FUNDS IN YOUR ACCOUNT WILL BE TRANSFERRED TO YOUR BENEFICIARIES. IF YOU DID NOT NAME A BENEFICIARY, YOUR ACCOUNT BALANCE WILL ONLY BE PAYABLE TO YOUR ESTATE.

Signature of accountholder (required): Date:	Signature of authorized signer: Date: