Wright-Patt CREDIT UNION, INC.®

HSA Authorized Signer

P.O. Box 340134
Beavercreek, Ohio 45434-0134
(937) 912-7000
WPCU.coop

HSA Account Number _____

Health Savings Account (HSA) Owner's Information

First Name _____ MI _____ Last Name _____ SSN _____

Authorized Signer *(Optional and applicable only to the HSA account)*

Since regulations require that only one individual owns the HSA, the account holder may want to appoint an agent/authorized signer to have access and transact business on the HSA. I (account holder) hereby designate the following individual as an authorized signer on my HSA. By designating the following individual as my authorized signer on my HSA, I authorize that individual to transact business, such as, but not limited to, make deposits, withdrawals, write checks, use a debit card, if applicable, and receive and have access to account information by any means acceptable to the Credit Union. Authorized signers may not close or amend the HSA. I indemnify and hold the Credit Union harmless from and against any claims, actions, losses, damages, costs, including reasonable attorneys' fees, that the Credit Union may suffer related to and/or arising from the Credit Union's reliance on this authorization and the actions of my authorized agent. I understand that I bear sole responsibility for any tax consequences that result from any actions exercised by my authorized signer regarding my HSA.

First Name _____ MI _____ Last Name _____ SSN _____ Date of Birth _____

Driver's License or Other Government ID# _____ State Issued _____ ID Issued Date _____ ID Expired Date _____

Additional Options

☐ Please issue a Visa® debit card to my **authorized signer** for my HSA account.

Sigatnure of HSA Owner _____ Date _____