Revoke 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 to be Removed from 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 _____

Revocation

The authorized signer authority previously granted to the Authorized Signer listed above is hereby terminated. I understand that I am responsible for recovering any checks or debit cards for this HSA which are in the possession of the Authorized Signer. **I also understand that the HSA debit card for this Authorized Signer will be deactivated. Any transactions previously authorized by my Authorized Signer and initiated prior to WPCU receiving this form will still post to my HSA as authorized.**

Signature of HSA Owner _____ Date _____

Signature of Receiving Partner _____ Date _____