

Health Savings Account (HSA) Authorized User Debit Card Request

Form Instructions

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date the **Signature** section

4 – Mail to:

Delta Community Credit Union
ATTN: Member Service and Loyalty
1025 Virginia Avenue
Atlanta, GA 30354
or fax to 404-677-4802

Member Information (Authorized User)

Member Name

Social Security Number

Date of Birth

Relationship to Member

Member Information (Applicant)

Member Name

Delta Community CU Account Number

Social Security Number

Health Savings Account Number

Signature

I authorize Delta Community Credit Union to fulfill my request for an additional HSA Debit Card on my account.

Member (Applicant) Signature

Today's Date

Member (Authorized User) Signature

Today's Date

