Health Savings Account (HSA)

Authorized User Request



Form Instructions:

- Complete all applicable areas on the form and sign and date in the signature area
- Print and mail the completed form to:

Delta Community Credit Union, ATTN: IRA Department, 1025 Virginia Ave, Atlanta GA 30354, or

fax to 404-677-4964

Primary Member Information			
Name (First, MI, Last)		Social Security Number	Account Number
			HSA Number
Please select one of the following			
☐ Add an Authorized User to my HSA		Debit Card Request	ed: □ Yes □ No
☐ Remove an Authorized User from my HSA			
Andharinad Harringanastian			
Authorized User Information			
Authorized Hear Nega (First MI Lock)		Conial Consumity Number	Data of Dirth (MM/DD/AAAA)
Authorized User Name (First, MI, Last)		Social Security Number	Date of Birth (MM/DD/YYYY)
Street Address (No P.O. Boxes)			
(
City	State	Zip	Relationship to Member
0'			
Signatures			
I hereby authorize Delta Community Credit Unio	on to add	or remove an Authorized User of	on my HSA per my request.
Primary Member Signature	Date	<u> </u>	
. ,	_ 3.00	-	
Authorized User Signature	Date	9	
5			

Rev 4.13.15



Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com