



Mail or Fax completed form to:
Delta Community Credit Union
ATTN: IRA Department
1025 Virginia Ave
Atlanta, GA 30354
Fax: 404-677-4964

Health Savings Account (HSA)

Authorized User Request

Primary Member Information

Member Name (First, MI, Last) Delta Community CU Account Number Social Security Number

Please select one of the following:

Add an Authorized User to my HSA

Debit Card Requested:

Remove an Authorized User from my HSA

Yes No

Authorized User Information

Authorized User Name (First, MI, Last) Social Security Number Date of Birth

Street Address (No P.O. Boxes) City State Zip

Relationship to Member (_____) Phone Number

Signature

I authorize Delta Community Credit Union to fulfill my request to add or remove an Authorized User on my HSA, as well as order an additional HSA Debit Card on my account if one is requested.

Primary Member Signature Today's Date

Authorized User Signature (*not required for removal*) Today's Date