

## Health Savings Account (HSA) Debit Card Authorized User Removal 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

### Primary Member Information

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Delta Community CU Account Number

### Authorized User Information

\_\_\_\_\_  
Authorized User Name

\_\_\_\_\_  
Debit Card Account Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Delta Community CU Account Number

### Signature

I authorize Delta Community Credit Union to fulfill my request and please remove the HSA Debit Card authorized user from my existing account.

Existing card account should be closed immediately.

\_\_\_\_\_  
Member (Applicant) Signature

\_\_\_\_\_  
Today's Date

### Internal Use Online

\_\_\_\_\_  
User ID

\_\_\_\_\_  
Date Processed



**NCUA**  
This credit union is federally  
insured by the National Credit  
Union Administration.