

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

