

HSA Authorized Signer Add/Delete Form

Please complete this form to add or delete an authorized signer to the Health Savings Account (HSA).

1. Account Owner Information

Member Account Number

First Name

Middle Name

Last Name

2. Add Authorized Signer

First Name

Middle Name

Last Name

Social Security Number/ITIN

Date of Birth

Mother's Maiden Name (required)

Street Address (include unit # - P.O. Box not accepted)

City

State/Province

Zip Code/Postal Code

Country

Home Phone

Cell Phone (optional)

Employment Status: Employed Homemaker Retired Self employed Student Unemployed

Occupation-If retired, previous occupation

Employer Name – if student, school name

Employer/School, City, State and Country

Work Phone (optional)

Email

ID# (e.g., U.S. Driver's License, State or Military ID, or a Passport)

Issuing State/Country

Issue Date

Expiration Date

3. Order HSA VISA Debit Card for New Authorized Signer

Yes No I would like to order a new HSA VISA Debit Card for my New Authorized Signer?

The HSA VISA Debit Card for your Authorized Signer will be mailed to the primary address on record for the primary account owner. If you do not receive your card within 14 days, please contact Alliant Credit Union.

To order new HSA checks call 800-328-1935 (24/7).

4. Delete Authorized Signer

First Name

Middle Name

Last Name

Date of Birth

HSA VISA Debit Card will be deactivated for authorized user.

5. Signatures

X

HSA Owner Signature (required)

Date

X

Authorized Signer Signature (only if adding)

Date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735 ATTN: SPECIAL SERVICES.