COPFCU
Banking for your family and your future.

HSA AGENT AUTHORIZATION FORM

Since regulations require that only one individual owns the HSA, the account holder may want to appoint an agent/authorized signer to have access and transact business on the HSA. I (account holder) hereby designate the following individual as an authorized signer on my HSA. By designating the following individual as my authorized signer on my HSA, I authorize that individual to transact business, such as, but not limited to, make deposits, withdrawals, write checks, use a debit card, if applicable, and receive and have access to account information by any means acceptable to the Credit Union. Authorized signers may not close or amend the HSA. I indemnify and hold the Credit Union harmless from and against any claims, actions, losses, damages, costs, including reasonable attorneys' fees, that the Credit Union may suffer related to and/or arising from the Credit Union's reliance on this authorization and the actions of my authorized agent. I understand that I bear sole responsibility for any tax consequences that result from any actions exercised by my authorized signer regarding my HSA.

Check if applicable: ☐ Issue an HSA Debit MasterCard to my Authorized Agent for my HSA account.

Authorized Signer / HSA Agent Information

Name:_____

Address:_____

City, ST, Zip: _____

Social Security: _____

Birth Date: _____

Personal Email: _____

Mobile Phone: _____

Home Phone: _____

HSA Accountholder Information

Name: _____

Address: _____

City, ST, Zip: _____

Account #: _____

AUTHORIZATION

By signing below, I authorize the Credit Union to make and accept the following changes to my account(s). I/we agree to the terms of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. By signing below, I further understand that if I am requesting and authorizing a Debit Card from COPFCU for the Authorized Signer/HSA Agent noted above, I acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

HSA Accountholder Signature

X _____ _____

Signature Date

Please make sure to return a copy of your **Authorized Agent's Driver's License** (or other valid government issued photo ID) with this form.