

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 _____ <div style="text-align: center;">Signature</div>	_____ <div style="text-align: center;">Date</div>

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.