



Debit MasterCard and Power of Attorney/Authorized Signer (optional)

HSA Owner's Name: _____ HSA Owner's Phone # _____

HSA Owner's Address: _____

City, State, Zip: _____

HSA Owner's Social Security Number: _____ HSA Account # _____

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I want just **1 card** in my POA/Authorized Signer's name.

Since regulations require that only one individual own a HSA, the accountholder may want his/her spouse through power of attorney to write checks or use his/her debit card. I (accountholder) hereby designate the following individual as additional authorized signer on my Health Savings Account. Furthermore, I would like a debit MasterCard for myself and for my Power of Attorney (POA), listed below, to be used for normal distributions only. By requesting a POA on my account I agree to the following: My POA may conduct any financial transaction on my account listed above including, but not limited to, making deposits and withdrawals, writing checks, internet access to the account, negotiating or endorsing any checks or other instruments with respect to the referenced account, obtaining bank statements, drafts, money orders, warrants and certificates or vouchers payable to me by any person, firm, corporation or political entity.

The financial institution is not responsible for monitoring the acts of the named power of attorney and will consider the power of attorney in effect unless I (accountholder) revoke it in writing, or the institution receives written notice of the death of the account owner. Furthermore, I (accountholder) agree to hold Bank harmless from any liability, including attorneys' fees and legal expenses incurred by the bank in acting in reliance upon this agreement.

POA/Authorized Signer *(No information is necessary in this section if you are not assigning a POA/Authorized Signer on your HSA account.)*

First Name Middle Initial Last Name

Social Security Number Date of Birth

Street Address

City, State, Zip Home Phone Number

Your signature(s) below will constitute that all uses of the card will be governed by this Institutions Electronic Funds Transfer Service Agreement for personal accounts, which you acknowledge receiving. I (we) hereby agree to the terms set forth in this agreement. If I have designated a POA/authorized signer for this account, I also understand that I assume **sole responsibility** for how this individual utilizes my HSA account.

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Under penalties of perjury, I certify:

The Social Security Number shown on this form is my correct taxpayer identification number.

Note: No signature is required below if you are not assigning a POA on your HSA account.

HSA Owner Signature Date

POA/Authorized Signer Signature Date

Drivers License Number Expiration Date

Drivers License Number Expiration Date