



## Health Savings Account (HSA)

### Authorized User Request

**Form Instructions:** Complete all applicable areas on the form, sign and date where indicated

Print and mail the completed form to:

Consumers Credit Union

Attn: Deposit Operations

1501 E. Woodfield Rd., Ste. 400W, Schaumburg, IL 60173

Or fax to 847.576.1303 or email [DepositOperations@myconsumers.org](mailto:DepositOperations@myconsumers.org)

### Primary Member Information:

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
HSA Account Number

Please Select One:

- Add an Authorized User to my HSA and order a debit card
- Remove an Authorized User from my HSA

### Authorized User Information:

\_\_\_\_\_  
Authorized User's Name (First, MI, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address (No PO Boxes)

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Relationship to Member

Note: If the Authorized User is not a current Andigo member, please fill out the below and submit a photocopy of a non-expired, government issued identification with this form.

\_\_\_\_\_  
Government Issued Identification Number

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

Signature:

We understand that the primary cardholder is liable for all charges on this account and hereby authorize Consumers Credit Union (CCU) to take the requested action. We agree to all conditions and terms for this card and hold Consumers Credit Union (CCU) harmless from taking this action.

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date