The **HSA** Authority™
Old National Bank

ADDITIONAL AUTHORIZED SIGNER(S)

Fax: 812-468-1173

Mailing Address: The HSA Authority, Attn: HSA Operations, P.O. Box 3606, Evansville, Indiana 47735

HSA ACCOUNT HOLDER

A

Name (First)	(Middle)	(Last)	Account Number
Address		City	State / Zip Code
Daytime Phone (Area Code First)			

ADDITIONAL AUTHORIZED SIGNER INFORMATION AND SIGNATURE

B

Name (First)	(Middle)	(Last)	Social Security #	Date of Birth (MM-DD-YYYY)
Home Phone (Area Code First)	Business Phone (Area Code First)		Mother's Maiden Name or Password	

Additional Authorized Signer's Signature X _____ Date _____

☐ Please order an additional debit card (no charge).

☐ Re-order checks showing both names. Charge this expense to the Health Savings Account.

ACCOUNT HOLDER SIGNATURE

C

I hereby designate this person as an additional authorized signer on my Health Savings Account to sign checks or otherwise transact business on this account. All items ordered will be mailed to the address on file for the account.
PLEASE NOTE: This form must be notarized below before being processed.

Account Holder's Signature X _____ Date _____

State of: _____ *County of:* _____

Subscribed and affirmed before me, a Notary Public, this _____ *day of* _____ *, 20* _____ *.*

_____
Notary Public - Official Signature

NOTARY
SEAL

My commission expires _____ *.*

Bank Use Only:

_____ Authorized Signer   By: _____   Date: _____