



Elements Financial Health Savings (HSA) Authorized User / HSA Debit Card Form

Please complete, sign & mail this form to
Elements Financial, Attn: Special Accounts Administrator, PO Box 7123, Indianapolis, IN 46207-7123

Primary Member's HSA Account Holder Full Name:

Authorized User Information

Full Name: _____ Date of Birth: _____

Residence Street Address: _____

Residence City: _____ State: _____ Zip: _____

Phone Number: _____

SSN or TIN: _____

Type of ID: _____ ID # _____

ID Place of Issuance: _____ ID Date of Issuance: _____

ID Expiration Date: _____

Phone Security Word _____ Phone Security Word Hint _____

Signature of HSA Account Holder: _____ Date of Signature: _____

X
Signature of HSA Authorized User: _____ Date of Signature: _____

X

Credit Union Use Only
 Chexsystem / OFAC Teller# _____ Date _____