



Affinity OneCard Application for HSA Non-Owner Authorized Users

Complete, sign, and then attach one (1) form of government-issued photo identification (driver's license, passport, etc.) to this form.

Section 1 – Health Savings Account (HSA) Owner's Information

Member Name: _____ Date: _____
Membership Number: _____ HSA Number: _____

Section 2 – HSA Owner's Authorization and Certification of Non-Owner Debit Card Users

As the owner of the Health Savings Account, you may authorize family members, who are 13 years or older and covered under your High Deductible Health Plan to debit funds electronically from your Health Savings Account ("HSA") by means of an Affinity OneCard (debit card). By signing below, you authorize and request Affinity Federal Credit Union to issue a debit card on your Health Savings Account Number set forth above to the individual(s) whose name(s) appears below. By designating a person below to receive a debit card on your HSA you authorize the person(s) designated below to make withdrawals from your HSA by debit card. You specifically authorize Affinity Federal Credit Union, as custodian of your HSA, to rely upon this authorization until such time, if any, that Affinity Federal Credit Union receives a written revocation of this authorization, and has had a reasonable time to act upon the revocation. You understand that you are responsible for ensuring that your authorized cardholder reads and understands the Affinity Federal Credit Union HSA account documents, which have been provided to you. You agree to hold harmless and indemnify Affinity Federal Credit Union against any claims against or losses Affinity Federal Credit Union may suffer arising out of Affinity Federal Credit Union's reliance on the designation set forth below and release Affinity Federal Credit Union from any liability arising from such alliance, unless otherwise prohibited by law. You understand that you bear sole responsibility for any tax consequences that result from any actions taken by the person(s) designated below regarding withdrawals from your account.

Name: _____ X _____

Relationship: _____ Social Security Number: _____ Date of Birth: _____

For CU Use Only: CIP — Affinity Member: YES NO - If NO, OFAC Comments: _____

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Relationship: _____ Social Security Number: _____ Date of Birth: _____

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Name: _____ X _____

Relationship: _____ Social Security Number: _____ Date of Birth: _____

For CU Use Only: CIP — Affinity Member: YES NO - If NO, OFAC Comments: _____

Health Savings Account Owner's Signature

In witness thereof, I have hereunto set my hand and seal this _____ day of _____, 2_____.
Signed, sealed, and delivered in the presence of

- SEAL -

Notary Public

Note to Owner: An Affinity Federal Credit Union employee can only notarize those signatures he/she witnesses. Therefore, if you cannot be present when initiating this request, your signature must be witnessed and sealed by a Notary Public before returning this form to Affinity.