



HSA Authorized Signer Form

Please complete this form to request Authorized Signer changes to your HSA account.

Account Owners Information

Date: _____

HSA Plan Number: _____ HSA Account Number: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____

1 Authorized Signers Information

Select the appropriate option:

Add Remove Name Change *Documentation Required*

HSA Access Options:

Issue Debit Card Order Checks

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

****ONLY Required for Check Signing****

Signature of Authorized Signer: _____ Date: _____

2 Authorized Signers Information

Select the appropriate option:

Add Remove Name Change *Documentation Required*

HSA Access Options:

Issue Debit Card Order Checks

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

****ONLY Required for Check Signing****

Signature of Authorized Signer: _____ Date: _____

3 Authorized Signers Information

Select the appropriate option:

Add Remove Name Change *Documentation Required*

HSA Access Options:

Issue Debit Card Order Checks

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

****ONLY Required for Check Signing****

Signature of Authorized Signer: _____ Date: _____

4 Authorized Signers Information

Select the appropriate option:

Add Remove Name Change *Documentation Required*

HSA Access Options:

Issue Debit Card Order Checks

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

****ONLY Required for Check Signing****

Signature of Authorized Signer: _____ Date: _____

Authorization and Signature

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold Torrington Saving Bank, as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws.

Signature of HSA Account Holder: _____ Date: _____



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