The HSA Authority™
Your HSA Partner

Mailing Address: The HSA Authority, Attn: Processing Center, P.O. Box 11454, Fort Wayne, Indiana 46858 Fax to: 260.427.7185

# Revoke Authorized Signer

## ACCOUNT HOLDER INFORMATION

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

## EXISTING AUTHORIZED SIGNER TO BE REMOVED

| Name (First, Middle, Last) | SSN | Date of Birth (MM-DD-YEAR) |
|---|---|---|
| | | |

If you have cheecks we must place a stop payment on any unused checks _____ to _____.

Do you want us to issue new checks? ☐ YES ☐ NO

## CHANGE BENEFICIARIES (OPTIONAL)

If primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rated basis. If no primary beneficiary(ies) survive me, the contingent beneficiary(ies) shall acquire the designated share of my account. No tax or legal advice was given to me by the custodian or agent; I assume full responsibility for any adverse consequences.

| Name and Address | Date of Birth (MM-DD-YEAR) | SSN | Relationship | Primary or Contingent | Share % |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

## ACCOUNT HOLDER SIGNATURE

The authorized signer authority that was previously granted to the authorized signer listed above is hereby terminated. I understand that I am responsible for recovering any checks and/or debit cards which are in the possession of the authorized signer. I agree to hold harmless and indemnify The HSA Authority at Tower Bank against any claims or losses arising from the reliance of the original authorized signer acceptance.

This form is not valid until it is received by The HSA Authority at Tower Bank and a reasonable amount of time has been given to act upon the revocation.

**PLEASE NOTE: This form must be notarized below before being processed.**

Approval Signature: _____ Date: _____

NOTARY

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 Banker: _____ ☐ Place Stop on Checks ☐ Issue New Checks ☐ Close A/S D/C HSA64-04.13



The HSA Authority is a product of Tower Bank MEMBER FDIC