

HSA ADDITIONAL AUTHORIZED SIGNER(S)

TOWERbank™

Phone: 260.427.7007

Fax: 260.427.7185

Web site: towerbank.net

Toll-free: 1.888.HSA.TOWR

Mailing Address: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, Indiana 46858

ACCOUNT HOLDER

A	Name (first) (middle) (last)			Account Number	
	Address		City	State	Zip Code
	Daytime Phone #				

ADDITIONAL AUTHORIZED SIGNER INFORMATION AND SIGNATURE

B	Name (first) (middle) (last)			Social Security #	Date of Birth (xx-xx-xxxx format)
	Home Phone		Business Phone		Mother's Maiden Name or Password
	Additional Authorized Signer's Signature X _____ Date _____				
<input type="checkbox"/> Please order an additional debit card (no charge).					
<input type="checkbox"/> 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:				
Date _____		Banker _____		
Customer Care Checklist - Debit Card(s) Ordered				
_____ Authorized Signer		By: _____		Date: _____