

HSA Information Authorization Form

Instructions

1. You can use this form to authorize another individual access to information regarding your HSA.
2. Forward completed form by fax to **(505) 244-6009** or mail to **Erisa Trust Company** at **1200 San Pedro Dr. NE, Albuquerque, NM 87110**
3. If you have any questions regarding this form, please call **(505) 216-7800**.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	

Authorized Individual Information

I authorize HSA Administrator's customer service representatives to provide information regarding my HSA, including but not limited to the balance and transaction history, to the individual named below.

I understand and agree that:

- the individual named below will **not** be authorized to perform my account maintenance;
- this authorization pertains to information obtained from customer service only; and
- I am the sole individual authorized to access and maintain my account online.

Last Name	First Name	Middle Initial	Date of Birth
Telephone Number	Email Address		
Street Address			
City	State	Zip Code	

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Administrator and Healthcare Bank.

Signature of HSA Accountholder

Date