

**Visa® Debit Card Authorization
(Family Plan Only)**



Name: _____ **Account Number:** _____
leave blank if unknown

Completion of this form authorizes BMI Federal Credit Union to issue HSA Visa debit cards to my eligible dependents listed below.

HSA Debit Card Authorized User Information:

Name	Date of Birth	SSN
Address		
Authorized User Signature		

Name	Date of Birth	SSN
Address		
Authorized User Signature		

Name	Date of Birth	SSN
Address		
Authorized User Signature		

I hereby request the above named individual(s) to be an authorized user(s) on my HSA Visa debit card. The authorized user(s) will receive a debit card in their name and can make purchases and cash advances for qualified medical expenses*. I understand that I am SOLEY RESPONSIBLE for transactions conducted on this account.

 Primary Cardholder Signature

 Date

 Primary Cardholder Printed Name

*Visit the IRS publication of guidelines at www.irs.gov to review qualified medical expenses. BMI Federal Credit Union is not responsible for determining whether the distribution is for the payment or reimbursement of qualified medical expenses. All distributions by a debit card will be reported to the IRS as normal distributions.