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Health Savings Account (HSA) Authorized User Request

Form Instructions: Complete all applicable areas on the form and sign and date in the signature area.

Print and mail the completed form to:
 Andigo, Attn: Operations Department,
 1501 E. Woodfield Road, Schaumburg, IL 60173
 or fax to 847.576.1303 or email operationshelpcenter@andigo.org.

Primary Member Information

 Name (First, MI, Last)

 HSA Account Number

Please Select One:

- Add an Authorized User to my HSA and order a Debit Card
- Remove an Authorized User from my HSA

Authorized User Information

 Authorized User Name (First, MI, Last)

 Social Security Number

 Date of Birth

 Street Address (No PO Boxes)

 City

 State

 Zip

 Relationship to Member

Note: If the Authorized User is not a current Andigo member, please fill out the below or submit a photocopy of non-expired, government issued identification with this form.

 Government Issued Identification Number

 Issue Date

 ExpirationDate

Signature

I hereby authorize Andigo Credit Union to take the requested action.

 Primary Member Signature

 Date

Lose your bank & let's go™

