



Request for Additional Debit Card – Authorized User

To request an additional Health Savings Account Debit Mastercard® for an authorized user for your account, please complete and return this form to the address or fax below. Cards will be mailed to the address on file for your account and will arrive 7 to 10 business days from the date the request is processed.

Please note: This form cannot be used to request replacement cards. If one of your cards has been damaged, or is lost or stolen, please contact customer service so that we can take the appropriate fraud prevention measures. **Questions?** Please call us at the number on the back of your debit card; cards can be reported lost or stolen 24 hours a day.

008 CO HSA

1 Account Holder Information

Account #:	Account Holder Name:
Group Id #:	State of Residency:

2 Authorized User Information

Please Note: Authorized User names are limited to 26 characters, including spaces.

Name of Authorized User 1: _____

Name of Authorized User 2: _____

Name of Authorized User 3: _____

3 Account Holder Authorization

I authorize Optum Bank to issue a debit card to my spouse or dependent(s) named above. The card can be used to make withdrawals from my account. I understand that the individual named above will be an authorized user of my debit card, and that I will be liable for all charges made by the authorized user.

x

Account Holder Signature

Date

Thank you for allowing us to serve you.

Where to return your form?
By Mail: Optum Bank, P.O. Box 30777, Salt Lake City, UT 84130
By Fax: 1-800-765-6766