



Address for Return Mail
 First Farmers Bank and Trust
 HSA Processing
 PO Box 690
 Converse, IN 46919



765-395-7746 • Fax: 765-395-3486 • www.ffbt.com

HSA SIGNATURE AUTHORIZATION FORM

HSA ACCOUNT HOLDER'S NAME AND ADDRESS

Name	Address	
City	State	Zip Code
Account Number		

Optional:	I hereby designate the following individual (s) as additional authorized signer (s) on my Health Savings Account to sign checks, and issue a separate debit MasterCard to allow electronic access to my HSA. NOTE: If you are using an authorized signer for your HSA, your authorized signer must provide a copy of 1 valid form of ID as well if not already an FFBT account holder.	
Authorized Signer Printed Name	Authorized Signer Signature	
Social Security No.	Date of Birth	

Account Holder Sign Here X _____ **Date** _____

SUMMARY OF TYPES OF IDENTIFICATION

Should include picture, description, signature and address

- * Valid driver's license
- * Valid non-driver's ID
- * Valid state or city employee ID
- * Valid passport
- * Alien registration
- * Armed forces ID card
- * Valid US Government ID

Primary identification – includes picture, description of person and signature.

The identification address must match the address on the application or the account can't be opened.

NOTE: If you are using an authorized signer for your HSA, Your Authorized signer must provide a copy of 1 valid form of ID as well if not already an FFBT account holder.