RangeBank

Health Savings Account (HSA) Authorized Signature List

Contact Information	
Company Name	Date

List		
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

The _____ signatures written above are the signatures of the person holding the title(s) indicated.

Signature of Authorized Official

Name of Company or Institution

Date