

Account Authorization Form

Mail or fax completed forms to:

Address: WellnessUnity, Att: Client Services
14714 Mallory Point, Santa Barbara, CA 93106

Fax: 352.640.3044

WellnessUnity

Cultivating Savings for Wellness

Authorization for Account Information

To authorize WellnessUnity to provide account information to another party, complete this form.

Primary Account Holder Information

Last Name Herbert-Leoruing	First Name John	M.I. J.	
Street Address 3 Golf Place	City Green Bay	State Wisconsin	ZIP 54305
E-Mail Address (required) Lcathel0@sharesale.com	Daytime Phone 920-697-4833	Last 4 of SSN or WellnessUnity ID Number (6 or 7 digits) 596728	

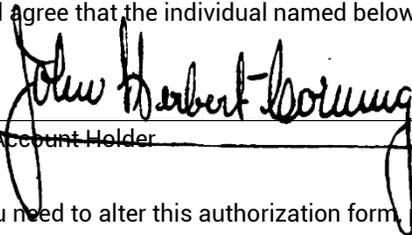
Authorization for Account Information

I authorize WellnessUnity Member Services representatives to provide the following information about my WellnessUnity health savings account (HAS) or medical savings account (MSA) to the authorized individual listed on this form as indicated below. Check all that apply.

- Account information, including account balance, recent transactions, and payment details.
- Information to perform account maintenance and request payments/distributions to be made from account to any provider or bank account.
- Information to receive the same billing information available to the account holder necessary to make a payment.
- Information to request a personal payment method for distributions from the account holder's HAS or MSA for qualified expenses as a dependent (personal payment method).

I understand and agree that the individual named below is authorized to execute the above.

Signature of Account Holder



Date

05-04-2022

If at any time you need to alter this authorization form, please contact WellnessUnity at 866.679.8133

Name of Authorized Individual Carol E. Herbert-Leoruing	Authorized Individual's Date of Birth 02-19-1974
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