



**AUTHORIZED USER
HSA DEBIT CARD
APPLICATION**

Applicant Information:

Account Type: HSA

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

*Home or Cell Number: _____ *Evening or Work Number: _____

*Email Address: _____

Primary Account Number to Access: _____ 4 digit PIN: _____

** These fields will only be used for MasterCard to contact you in the event of a potential fraudulent transaction

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Electronic Funds Disclosure and Agreement.

Authorized User HSA Signature: _____ Date: _____

I authorize Dayton Firefighters Federal Credit Union to issue a HSA MasterMoney Debit card to the authorized user of my debit card and that I will be liable for all charges made by the authorized user.

I understand that the individual named above will be an authorized user of my HSA debit card and that I will be liable for all charges made by the authorized user.

HSA ACCOUNT OWNER: Signature: _____ Date: _____

Office Use Only: Debit Card #	Initials:	Date:
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