



**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.

Signature: _____ Date: _____

Office Use Only: Debit Card #	Initials:	Date:
----------------------------------	-----------	-------