

PVFCU HSA Debit Card Application

HSA Account #

- S30

APPLICANT

Name as it should appear on card (20 char. max.)

Address (include both PO box & street if applicable)

City

State

Zip

Daytime phone

Evening phone

AUTHORIZED SPOUSE

For your spouse to have a PVFCU HSA debit card for your HSA, he/she must be designated as joint owner of your PVFCU account. If this designation has not yet been made, please see a PVFCU representative to add him/her as a joint owner.

Name as it should appear on card (20 char. max.)

Address (include both PO box & street if applicable)

City

State

Zip

Daytime phone

Evening phone

By signing below, I request a PVFCU HSA Debit Card be issued in my name and in the name of my authorized spouse (if applicable). Further, I acknowledge that I have received a copy of the Debit Card cardholder agreement and that I have read, understand, and agree to be legally bound by the terms and conditions of that agreement. I also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in Savings Act as applicable. I understand that PVFCU is not responsible for the tracking, for taxes or any other purpose, of how funds are disbursed from this Health Savings Account.

Applicant's signature

Date

Authorized spouse's signature

Date

FOR CREDIT UNION USE

Date received:

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Received by:

Date ordered:

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Memo:

Card #:

Joint #:

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You may choose the 4-digit PIN number that you wish to use with your HSA Debit Card. Call 800-442-3387, enter client code 10263, and enter the 6 digit order code you are given. Write order number in the box to the right.

Telepin Order Number