



HSA Debit Card Application

HSA Account Number

APPLICANT

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

Street

City State Zip

SSN Date of Birth

Phone

AUTHORIZED SPOUSE

In order for your spouse to have an HSA debit card linked to your HSA, he/she must be designated as joint owner on your PVFCU account. If this designation has not yet been made, please see a PVFCU Member Advisor to add him/her as a joint owner.

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

Street

City State Zip

SSN Date of Birth

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). I acknowledge that I have received a copy of the VISA debit/ATM 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 purposes, of how funds are disbursed from this Health Savings Account.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's signature	Date	Co-Applicant's signature	Date

FOR CREDIT UNION USE

Date received:
Received by:
Card #:

Joint #:
Ordered by:
Date ordered:

PIN