

HSA DEBIT CARD REQUEST | CHECK ORDER

Fax: 812-468-1173

Mailing Address: HSA Operations, PO Box 3606, Evansville, IN 47735

HSA ACCOUNT HOLDER

A	Name (First)	(Middle)	(Last)	Account Number
	Address	City		State Zip Code
	Daytime Phone (Area Code First)			

OPTIONS

B	<input type="checkbox"/> Please order a debit card for my account. (Account Owner) Account will be charged \$7.00 per replacement card. Reason: <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Cracked/Damaged
	<input type="checkbox"/> Please order a debit card for my existing authorized signer. Account will be charged \$7.00 per replacement card. Authorized signer's name _____ Reason: <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Cracked/Damaged (Please note: To add a new authorized signer, an HSA Additional Authorized Signer form must be completed. Do not use this form.)
	<input type="checkbox"/> Please order checks for my account. Account will be charged \$20.53 plus sales tax for 30 duplicate checks.

ACCOUNT HOLDER SIGNATURE

C	Account Holder's Signature X _____ Date _____

Bank Use Only:		
Date: _____	Banker: _____	_____
Debit Card(s) Ordered for Account Holder	By: _____	Date: _____
Debit Card(s) Ordered for Authorized Signer	By: _____	Date: _____
Checks Ordered	By: _____	Date: _____