



APPLICATION FOR HEALTH SAVINGS ACCOUNT VISA® DEBIT CARD

Individual HSA Plan Family HSA Plan HSA Account Number: _____

Primary HSA Accountholder Information

Name: _____ Social Security #: _____
 Street Address: _____ Date of Birth: _____
 City: _____ Home/Cell Phone: _____
 State: _____ Work Phone: _____
 Zip: _____
 Email Address: _____ Card Number: _____

Additional Cardholder Information (only available with HSA Family Plan)

Name: _____ Social Security #: _____
 Street Address: _____ Date of Birth: _____
 City: _____ Home/Cell Phone: _____
 State: _____ Work Phone: _____
 Zip: _____
 Email Address: _____ Card Number: _____

Visa® Account Updater (VAU) Service Opt-out (optional – not required)

I **do not** want to participate in the Visa® Account Updater Service and I do not want my updated card information provided to recurring payment merchants. I choose to contact the merchant directly if my card information changes.

If more than one person signs this application, all such persons agree to be jointly and severally liable for the performance of the obligations set forth in the agreement to be sent with the cards. I (we) agree that the use of any Debit Card(s) issued in response to this application will constitute my (our) agreement to be jointly and severally bound by the terms and conditions of this Debit Card. It is certified that the above information is complete and true and is given to induce you to issue said card(s). I (we) authorize you to make whatever credit and/or investigative inquiries deemed necessary in connection with this application and to exchange with others regarding the card transactions. I (we) understand that this card is not a Credit Card, and that no commitment to extend credit to me (us) will be made by your issuance of the Debit Card(s) requested.

Signature(s)

X _____
Signature of Primary HSA Account Holder

Printed Name

Date

X _____
Signature of Family Plan Additional Card Holder

Printed Name

Date

Bank Use Only

Received by Dept. Itasca Roselle Mail Fax Email CustServ Loans Tellers
 Date Received: _____ By: _____ Port #: _____ TIN #: _____
 Approved By: _____ Date: _____ Card #: _____ By: _____
 Navigator Entry: _____ Date: _____ Date Denial Letter Sent: _____ By: _____



Please read the following disclosure statements:

Visa® Debit Card – I (We) agree that the use of any Card issued in response to this application will constitute my (our) agreement to be jointly and severally bound by the terms and conditions delivered with the Card. It is certified that the attached information is complete and true and is given to induce you to issue said card(s). I (We) authorize you to make whatever credit and/or investigative inquiries deemed necessary in connection with this application and to exchange with others regarding my (our) card transactions. I (We) understand that this card is not a Credit Card, and that no commitment to extend credit to me (us) will be made by your issuance of the Card(s) requested.

Non Visa® Pin-less Debit Transactions – You may use your VISA® Debit Card to initiate both VISA debit transactions and non-VISA debit transactions without using a personal identification number (PIN) to authenticate the transactions. To initiate a VISA® debit transaction, you may sign a receipt, provide a card number over the phone or via the Internet, or swipe your card through a point-of-sale (POS) terminal.

To initiate a non-VISA® debit transaction, you may enter a PIN at a point-of sale terminal or, for certain bill payment transactions, provide the account number for an e-commerce or mail/telephone order transaction. We have enabled non-VISA® debit transaction processing on the Plus, Star, and ACCEL/Exchange networks.

The rights and protections applicable only to VISA® debit transactions, including additional liability limits (sometimes referred to as Visa's® zero-liability program) and streamlined error resolution procedures, as described in your Electronic Fund Transfers Agreement and Disclosure, will not apply to transactions processed through non-VISA® networks.

If you have any questions concerning the use of your Visa® Debit Card, please contact Customer Service at 630-773-0350.