



CODE HSA Account Debit Card Order Form

CODE HSA Acct # _____

Date _____

HSA Account Holder Information

Name		HSA Type: <input type="checkbox"/> Family <input type="checkbox"/> Individual	
Address	City	State	Zip
Mailing Address (if different)			
Home Phone	Cell Phone	E-mail	

DEBIT CARD – Order New Card(s) For:

☐ HSA Account holder listed above

☐ Additional Cards – **Family Plan Only** Print name of adult person(s) to receive debit cards

I understand that all payments and withdrawals made by a HSA debit card or check will be tracked and reported to the IRS as normal distributions on an annual basis. This account should only be used to pay for qualified medical expenses and it is my responsibility to maintain records of all activity as required by the IRS.

I understand that if I request a debit card or checks for my spouse or adult child that I am authorizing him/her to make purchases and withdrawals on my behalf. In the event that I make this choice the credit union bears no responsibility for any purchase or withdrawal made by them.

Everything I have stated in the application is correct to the best of my knowledge. I authorize CODE Credit Union to check my credit and employment history. The Ohio law against discrimination requires that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Sign X _____

Date _____

OFFICE USE: Info taken by _____ Cards ordered by/date _____ Checks ordered by/date _____
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