



# HSA Account Debit Card Order

355 W. Monument Ave., Dayton  
415 W. National Rd., Englewood  
937-222-8971 - www.CODECU.org  
hsa@codecu.org

HSA TYPE  Family Plan  Individual Plan

Name			
Address		City	State Zip
Mailing Address (if different)			
Home Phone	Cell Phone	E-mail	

DEBIT CARD ORDER - I would like:  HSA Debit Card

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

\_\_\_\_\_

Everything I have stated in the application is correct to the best of my knowledge. I authorize the credit union to investigate my credit and employment history and obtain reports from consumer reporting agencies. 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. Except as otherwise provided by law or other documents, the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner agrees to the by-laws of the credit union, including any requirement to pay a membership or entrance fee, and agree to the terms of, this document and the following Terms and Conditions, Electronic funds Transfers, Substitute checks, Common Features, Privacy, Truth in Savings and Funds Availability.

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 any individual covered in my family plan 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.

I certify under penalties of perjury that I am a U.S. person (including a U.S. resident alien).

Sign X \_\_\_\_\_ Date \_\_\_\_\_

To be filled out by CODE Credit Union staff member:

Custodian (Witness) x \_\_\_\_\_ Date \_\_\_\_\_

CODE H S A Account # \_\_\_\_\_