



P.O. Box 14864 - Reading, PA 19612

HSA Access Method Request Form

(Card and Convenience Checks)

Health Savings Account Owner's Name (First MI Last, Suffix)

Account Number

Email—necessary for home banking and emergency contact

Daytime Phone

Select Access Methods and Authorized Users

- Yes, I want a set of four FREE starter checks.
(Sets of checks and additional convenience checks are available to purchase, if needed).
- Yes, I want an HSA VISA® Debit Card for my Health Savings Account.*
(Skip Authorized User Section below if you are only requesting card for primary owner).
- Yes, I want an HSA VISA Debit Card for a dependent age 13 or over.* (Complete and sign below.)

Authorized
User Name
#1

First MI Last, Suffix (if any)

Authorized User SSN

Address

Authorized User Date of Birth

City, State Zip Code

Authorized
User Name
#2

First MI Last, Suffix (if any)

Authorized User SSN

Address

Authorized User Date of Birth

City, State Zip Code

Access Method Agreement

I request Utilities Employees Credit Union to issue an HSA VISA Debit Card to the authorized user(s) named above. I understand that the authorized user will have access to all of the funds in and all information about my Utilities Employees Credit Union HSA Deposit Account, and that all these withdrawals may have important tax consequences for me. I agree that I will be liable for all transactions made by the authorized user. All information I provide on this form is true and correct and may be relied on by Utilities Employees Credit Union. I will not hold Utilities Employees Credit Union liable for any adverse consequences. I have read and understand this Access Method Agreement.

Signature of Health Savings Account Owner

Date

*Each cardholder will be able to select their Personal Identification Number (PIN) when calling to activate their new card.