Charlevoix STATE BANK
Your Local Community Bank
Est. 1994

How would you like to access your HSA?

☐ I would like to access my Health Savings Account with a free Visa® **Debit Card**.

Cardholder Name: _____ # of cards_____ SSN: _____
(account owner)

Cardholder Name:_____ SSN:_____
(power of attorney)

Address: _____ City, State & Zip Code: _____

Home Phone: _____ Cell Phone (if diff from home):_____

DEBIT CARD ISSUANCE. *By signing below, you are asserting to us that you understand that you will receive a debit card for your Health Savings Account (HSA) and that this payment tool is intended to be used by you, the HSA owner or authorized signer on the HSA, to pay for qualifying medical expenses. You also understand that such amounts will be reported to the Internal Revenue Service as "normal" distributions at the end of the year. You are aware that you should not use the debit card for any payments that are not qualified medical expenses. You understand any distributions taken or used incorrectly may be subject to taxes and penalties, and you assume full responsibility for your actions.*

ACKNOWLEDGEMENT. *You have requested the card service(s) noted above and acknowledge receipt of a copy of this document. You also acknowledge receipt of the Electronic Fund Transfer Disclosure and HSA Plan documents, which were provided to you at the time of your account and plan opening, and agree to be bound by their terms. You further authorize us to obtain your credit information, such as your credit report, at our option.*

Account Owner Signature: _____ Date: _____

Power-of-Attorney Signature: _____ Date: _____

☐ I would like to access my Health Savings Account with a **checkbook**.

- ✓ Please include the following information on my checks:
- ✓ Name
- ✓ Address
- ☐ Phone (optional)
- ☐ Driver License Number (optional)

please mark one: SINGLES ☐ DUPLICATES ☐

Account Owner Signature: _____ Date: _____

For Institution Use

Checking Account Number_____ **DAILY LIMITS**: ATM - $2000 POS - $2000

Received/Approved by_____ Verified/Ordered by_____ Date Ordered_____

Card Number _____