



## HSA MasterMoney™ Debit Card and OnLine Banking Form

### Applicant

Social Security # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Home #: ( ) \_\_\_\_\_ Business # ( ) \_\_\_\_\_

### Account Information

ONLINE BANKING HSA Information	DEBIT CARD Information
<p>Account #: _____</p> <p><input type="checkbox"/> Account Inquiry</p> <p><input type="checkbox"/> Account Statement</p> <p><input type="checkbox"/> Stop Payment</p>	<p>Account # _____</p> <p style="text-align: center;">Account Maintenance</p> <p>Card # _____</p> <p><input type="checkbox"/> Pin Reset</p> <p><input type="checkbox"/> Replacement Card</p> <p><input type="checkbox"/> Additional Cards _____</p> <p><input type="checkbox"/> Remove An Account Checking # _____</p> <p><input type="checkbox"/> Hot Card Reason _____</p> <p><input type="checkbox"/> Reorder new card for Hot Card Customer Customer initial requesting card reorder</p>

I have read and agree to the HSA MasterMoney™ Debit Card Agreement and acknowledge receipt of the EFT Disclosure Statement. I certify that the above information is true and correct. I authorize the Bank to request a consumer report about me from one or more consumer reporting agencies for the purpose of processing my application, reviewing or collecting any account opened for me for any legitimate business purpose. The HSA MasterMoney™ Debit Card is the property of Two River Community Bank. The Bank has the right to revoke or to refuse to issue or reissue any card at any time, without cause or notice.

Account Holders Signature

Date

#### Financial Institution Branch

#### Financial Institution Operations

Branch # \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Prepared By \_\_\_\_\_

Approved By \_\_\_\_\_