

# HSA DEBIT CARD REQUEST/CHECK ORDER



Phone: 260.427.7007

Fax: 260.427.7185

Web site: towerbank.net

Toll-free: 1.888.HSA.TOWR

Mailing Address: Tower Bank, HSA Processing, P.O. Box 11454, Fort Wayne, Indiana 46858

## ACCOUNT HOLDER

A	Name (first) (middle) (last)			Account Number	
	Address		City	State	Zip Code
	Daytime Phone #				

## HSA OPTIONS

B	<input type="checkbox"/> Please order a debit card for my account. (account owner)
	Reason: <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Cracked/Damaged
	<input type="checkbox"/> Please order a debit card for my <b>existing</b> authorized signer.
	Authorized signer's name _____ Reason: <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Cracked/Damaged

**(Please note: To add a new authorized signer, an HSA Additional Authorized Signer form must be completed. Do not use this form.)**

Please order checks. Charge this expense to my Health Savings Account.

## ACCOUNT HOLDER SIGNATURE

C	Account Holder's Signature X _____ Date _____
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Bank Use Only:		
Date _____	Banker _____	
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Customer Care Checklist - Debit Card(s) Ordered		
_____ Account Holder	By: _____	Date: _____
_____ Authorized Signer	By: _____	Date: _____