

**Health Savings Account  
Authorized User**

**MasterMoney™ Card Application**

Name		
Street Address		
City	St	Zip
Social Security Number		Date of Birth
Home Phone		Work Phone
Account Number		Email address:

The PIN I would like to use is:

System Generate \_\_\_ My own \_ \_ \_ \_  
(4 DIGIT # OR WORD)

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Electronic Funds Disclosure and Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Dayton Firefighters Federal Credit Union to issue a MasterMoney Debit Card to the individual named above. This card can be used to make withdrawals from my account.

I understand that the individual named above will be an authorized user of my debit card and that I will be liable for all charges made by the authorized user.

HSA Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only	
<input type="radio"/> NEW	App taken by: _____ Date: _____
<input type="radio"/> L/S	Report date: _____ App taken by: _____ On: _____ Fee GL 133: Y N W
<input type="radio"/> Rplmt	App taken by: _____ On: _____ Fee GL 133: Y N W
Card #	Ordered on: