

Health Savings Account**MasterMoney™ Card Application**

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

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: _____

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: