



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

Account #: _____

Account #: _____

- Account Inquiry
- Account Statement
- Stop Payment

Account Maintenance

Card # _____

- Pin Reset
- Replacement Card
- Additional Cards _____
- Remove An Account
Checking # _____
- Hot Card Reason _____
- Reorder new card for Hot Card Customer
Customer initial requesting card reorder

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.

Authorized Signer

Date

Financial Institution Branch

Financial Institution Operations

Branch # _____ Date: _____

Prepared By _____ Date _____

Prepared By _____

Approved By _____