HEALTH SAVINGS ACCOUNT (HSA) DEBIT CARD APPLICATION

BANK OF CASHTON
P.O. BOX 70
CASHTON, WI 54619
PHONE: (800) 205-7203 / FAX: (608) 654-5297

APPLICANT

NAME, PHYSICAL ADDRESS, MAILING ADDRESS, CITY, STATE, AND ZIP		HSA ACCOUNT NUMBER
FULL NAME ADDRESS(S) CITY, STATE, ZIP		SOCIAL SECURITY NUMBER (SSN)
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE OF BIRTH
CELL PHONE NUMBER	EMAIL ADDRESS	

AGENT/POA

NAME, PHYSICAL ADDRESS, MAILING ADDRESS, CITY, STATE, AND ZIP				
FULL NAME ADDRESS(S) CITY, STATE, ZIP				
SOCIAL SECURITY NUMBER	HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	DATE OF BIRTH

You will receive a PIN Mailer around the time your debit card arrives in the mail. The PIN Mailer will contain your randomly selected PIN (Personal Identification Number) for your card. If you would like to select a PIN number for your new Bank of Cashton VISA check card, you can do so by stopping into the Bank of Cashton or calling us at (608) 654-5121 to obtain your "Easy PIN Reference Number".

By using this card, I agree to the terms and conditions of the Bank of Cashton's cardholder agreement provided to me. I understand that the Internal Revenue Service (IRS) limits use of this account to qualified medical expenses and that any non-qualified expenditures must be reported to the IRS.

I have thoroughly read and understand the Bank of Cashton Debit Card rules and related disclosures and will comply with them. By signing below, I accept responsibility for the Card as set forth in the rules/disclosure.

X _____
Signature of HSA Owner **Date**

X _____
Signature of Power of Attorney (Person Designated in Section #5) **Date**

FOR INTERNAL USE ONLY

CARD #	_____	**CARD #**	_____
Core System	_____ _____	Core System	_____ _____
Card System	_____ _____	Card System	_____ _____