# Everence HSA Debit Card Application

Everence®

You must have an Everence Health Savings Account in order to apply for an Everence HSA debit card. Please complete and send this form to your local Everence branch location. You may also fax it to 717-735-8331 or mail it to Everence HSA Administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602. For questions about HSA investment transactions, please call 800-451-5719.

## HSA Account Owner

*To cut down on debit card fraud, we need your Social Security number, birth date, and mother's maiden name. This information will not appear on your debit card.*

Applicant name _____
First Middle initial Last

Address _____
Street City State ZIP code

Home telephone number _____ Work telephone number _____

Birth date _____ Social Security number _____

Mother's maiden name _____ Email address _____

Everence HSA account number _____

I would like to order a debit card for my HSA account. Yes No

## Additional HSA debit card option

☐ I would like an Everence HSA debit card for my dependent(s) listed below.

I understand that the Internal Revenue Service deems HSAs as individual owner accounts and my HSA cannot be held jointly. However, Everence Federal Credit Union permits me to allow my dependent(s) to be named as an authorized user of my HSA to act in connection with this account only. By making this designation, I agree to allow my dependent(s) to have have an HSA debit card in their name attached solely to this account. This designation remains in effect until I give Everence Federal Credit Union written notice of its termination.

Name of dependent _____
First Middle initial Last

Address _____
Street City State ZIP code

Home telephone number _____ Work telephone number _____

Birth date _____ Social Security number _____

Mother's maiden name _____ Email address _____

Name of dependent _____
First Middle initial Last

Address _____
Street City State ZIP code

Home telephone number _____ Work telephone number _____

Birth date _____ Social Security number _____

Mother's maiden name _____ Email address _____

Name of dependent _____
First Middle initial Last

Address _____
Street City State ZIP code

Home telephone number _____ Work telephone number _____

Birth date _____ Social Security number _____

Mother's maiden name _____ Email address _____

## Authorization

By signing below, I request an Everence HSA debit card be issued in my name and in the name of my authorized dependent(s) (if applicable). I also authorize Everence Federal Credit Union to pull a credit report in my/our name and Social Security numbers if necessary. I understand that I will receive a copy of the Everence HSA debit card cardholder agreement once this application is processed. Further, I acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in-Savings Act as applicable.

_____

Applicant's signature Date

**How an Everence HSA debit card works**

1. When you need funds for medical expenses, use your HSA debit card at any medical facility that accepts the card. You are responsible to make sure withdrawals are for qualified medical expenses. The card cannot be used for point-of-sale transactions at other businesses.
2. When securing HSA funds from an ATM, you need to input your PIN.
3. The amount of your cash withdrawal will be deducted immediately from your account.
4. Withdrawals at Everence Federal Credit Union ATMs are surcharge free. There is also no surcharge at thousands of ATMs owned by other credit unions which are part of several networks. A listing of these surcharge free ATMs is available at everence.com/locations-and-atms.

**About PINs**

When the card is received you will contact the number to activate the card and will be prompted to select your 4 digit PIN. Only you will know this number. Everence Federal Credit Union staff do not have access to your PIN. Your card mailer will contain information on how to change your four-digit PIN should you wish to do so.

**Limitations on the use of card**

These limitations apply to the use of the card:

- Maximum PIN purchase of $1,000 per day.
- Maximum signature purchase of $3,000 per day.
- The day for all limits is 12 a.m. to 12 a.m. the next day.
- To request a limit increase, contact your local branch or 800-451-5719.
- Purchase transactions are limited to healthcare-related merchants.
- We reserve the right to block your card at any time due to loan delinquency or overdrawn account status.
- There are also certain limitations on the frequency of use of the card each business day. These limitations are imposed and not revealed for security reasons. If we set special limits for you, we will provide you with written disclosure of your special limits with this agreement.

**Everence Federal Credit Union**
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Lancaster, PA 17602-1150
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