



Health Savings Account
Personalized Check, Deposit Ticket,
& Visa Debit Card Order Form

Order Visa Debit Card(s)

- I would like to order a Visa Debit Card(s) for my Health Savings Account.
Issue card to the HSA account holder
Issue card to the Authorized Signer*.
*I agree to be jointly and severally liable for the performance of the obligations set forth in the Visa Debit Card Agreement, to be sent with the card. I acknowledge I will be liable for the use of the Visa Check Card by any authorized signer. Limit 2 free cards per account. Each additional card will be charged a \$5.00 issuance fee.

Reason for Order:

- New Card
Card was never received
Card was lost or stolen - \$5 Reissue Fee
Other:

Order Checks

- Please order one (1) box of standard wallet checks for my HSA account. I authorize American Chartered Bank to charge the \$18.50* per box printing fee to my Health Savings Account.
Please order one (1) box of duplicate wallet checks for my HSA account. I authorize American Chartered Bank to charge the \$20.75* per box printing fee to my Health Savings Account.
*Printing charges subject to change without notice.

Order Deposit Tickets

- Please order 100 deposit tickets for my HSA account. I authorize American Chartered Bank to charge the \$13* printing fee to my Health Savings Account.
*Printing charges subject to change without notice.

HSA Account Information:

Name
Address City State Zip
Home Phone Work Phone
Email Address

Health Savings Account Number:

Signature of HSA Account Holder Date

Mail Form to:
American Chartered Bank - HSA Processing
PO Box 5994
Carol Stream, IL 60197-5994
Phone (847) 407-2603 Fax (847) 407-2633