

Everence HSA Debit Card Application



You must have an Everence HSA 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.

Applicant information

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	_____				

Additional HSA debit card option

I would like an Everence HSA debit card for my spouse 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 designate my spouse as the limited power of attorney of my HSA to act on my behalf in connection with this account only. By making this designation, I agree to allow my spouse to have full access to all the funds, balance information, and transactions related to this account. This designation remains in effect until I give Everence Federal Credit Union written notice of its termination, and it will not be terminated by my disability or incompetence.

Name of spouse	_____	_____	_____	_____	_____
	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 spouse (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

Authorized spouse's signature

Date

For Everence use

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 will 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 your application is approved, you will receive a letter from us listing your four-digit PIN. This number is assigned automatically by our system. 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.

Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com

Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com