



THE COMMERCIAL & SAVINGS BANK

The Commercial & Savings Bank
PO Box 232, Millersburg, OH 44654

HSA debit card *application*

Please print this application and submit through postal service, fax to 330-674-4941, or drop off at any of our CSB Banking Center locations.

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Email Address: _____

Employer: _____ Business Phone: _____

Second Card For Authorized Signer

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Email Address: _____

Employer: _____ Business Phone: _____

Access to my HSA through an ATM/POS is restricted to HSA contributions, and medical reimbursements and/or purchases. I understand that all contributions and/or distributions made through an ATM/POS terminal will be reported as a current tax year transaction. I understand by listing an authorized signer on this debit card application, I am consenting and taking responsibility for the authorized signers access to my HSA account through a debit card. I understand that use of the card signifies agreement to the terms and conditions set forth in the ATM Check Card Agreement and Disclosure, and HSA Agreement and Disclosure.

HSA Owner's Signature: _____ Date: _____

Authorized Signer: _____ Date: _____

For Internal Use Only -- Please Do Not Write In This Box

Received By: _____ Date: _____ Banking Center: _____

Approved By: _____ Date: _____

Operations Use: Verified By: _____ Date: _____

ATM Debit Card #: _____

ATM Debit Card #: _____

Account Number: _____

