

MUSKEGON FEDERAL CREDIT UNION
CHANGES/UPDATES TO HSA DEBIT MASTERCARD

DATE: _____ **TELLER:** _____ **ACCOUNT # W/008 SUFFIX:** _____

PRIMARY NAME ON ACCOUNT: _____ **BASE:** _____

CHANGE HSA TO:

SINGLE HSA

FAMILY HSA

HOT CARD HSA MASTERCARD FOR:

NAME: _____

NAME: _____

REORDER HSA MASTERCARD FOR:

NAME: _____

NAME: _____

REORDER HSA PIN FOR:

NAME: _____

NAME: _____

ADDITIONAL HSA DEBIT CARDS:

If you would like additional debit cards, please list the name(s) below and their card(s) will be ordered and mailed to your address for you to distribute. You are responsible for ALL transactions on your HSA account by the following individual(s) and that the debits made are for a qualified medical expense. If a card is lost or stolen, please contact the credit union immediately!

NAME	RELATIONSHIP TO MEMBER
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NAME	RELATIONSHIP TO MEMBER
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NAME	RELATIONSHIP TO MEMBER
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CHANGE OVERDRAFT PROTECTION FOR HSA:

I would like the following accounts to overdraft to my HSA share draft account:

ACCOUNT 1 _____

ACCOUNT 2 _____

ACCOUNT 3 _____

I do not want any accounts to overdraft to my HSA share draft account.

PRIMARY MEMBER'S SIGNATURE _____ **DATE:** _____

COMMENTS: _____

DATE THE ABOVE WAS PROCESSED: _____ **TELLER:** _____

AFTER THE ABOVE IS FILLED OUT, SIGNED BY THE MEMBER, AND PROCESSED BY A TELLER AND/OR ATM/DEBIT COORDINATOR, PLEASE FILE IN ADMINISTRATIVE ASSISTANT'S FILING CABINET IN THE PENDING IRA/HSA FILE FOLDER.