State Bank OF SOUTHERN UTAH

HSA DEBIT CARD APPLICATION

State Bank Debit Card Number _____

State Bank Debit Card Number _____

Health Savings Account _____

APPLICANT

Name _____ Phone* _____

Address _____ City _____

State ____ Zip _____ SSN* _____ Date of Birth _____

Nearest relative not living with you _____

Address _____ Phone _____

* Required fields for IVR Activation

CO-APPLICANT

Name _____ Phone* _____

Address _____ City _____

State ____ Zip _____ SSN* _____ Date of Birth _____

Nearest relative not living with you _____

Address _____ Phone _____

SIGNATURES

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history. If application is approved, I agree to abide by the terms and conditions of the Cardholder Agreement, a copy of which will be provided to me. The HSA debit card can only be used as a signature based point of sale transaction at a healthcare related merchant.

Applicant _____ **Date** _____ **Co-Applicant** _____ **Date** _____

State Bank of Southern Utah BankCard Department :: 377 North Main Street, Cedar City, Utah 84721 :: 1-800-662-1788 or 1-435-865-2331

Member FDIC