



first financial bank

Another step on the path to success

Health Savings Account Visa Check Card Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who applies for an account. We may also ask to see identifying documents if you complete your application in person. Please complete this application in black ink. Additional information may be requested.

Cardholder Information

First Name M.I. Last Name Social Security Number

Mailing Address City State ZIP

Account to be accessed by card (Must be a Health Savings Account number)

By: _____ Date: _____
Signature

For Bank use only.

Approved By: _____

Date: _____

Branch #: _____

Compass Officer #: _____

CIF #: _____

Special Instructions: _____