



Mail to:
1215 York Road
Lutherville, MD 21093
410-321-6060 / 1-800-903-3328
www.firstfinancial.org

HSA Application

Existing FF Account # _____ Please Check one: Single HSA Family HSA

Primary Owner			
Social Security #/TIN/EIN		Account #	
First Name		M.I.	Last Name
Home Phone		Cell Phone	
Home Address		City	State Zip
Mailing Address (if different from above)		Email Address	
Date of Birth	Mother's Maiden Name		Country of Citizenship
Additional Authorized User/Spouse			
Social Security #/TIN/EIN		Date of Birth	
First Name		M.I.	Last Name

Open Your Checking Account

Checking Account with a VISA Debit Card

I would like to open a First Financial HSA Checking Account with a Debit Card

I would like to have an additional card for my Authorized User.

FOR OFFICE USE ONLY			
Number _____	PVV _____	Number _____	PVV _____
Number _____	PVV _____	Number _____	PVV _____

Your Free Automated Services

Online Banking & Banking By Phone - I would like to have free 24-hour online banking and banking by phone

eStatements - I would like to have free electronic statements (this replaces your paper statement). You must be signed up for Online Banking in order to receive eStatements.

Transfer Options (in and out of account)

I wish to make Online Banking and Banking by Phone transfers **FROM:**

My regular First Financial account (# _____) **TO** my HSA Checking Account

My HSA Checking Account **TO** the following account(s):

- Name _____ Acct. #: _____
- Name _____ Acct. #: _____

Select Your Personal Identification Number (PIN) / Access Code

Please indicate in the boxes below a 4-digit number to use as your:

- Visa Debit Card/Pin and
- Online Banking Access Code

NOTE: This PIN does not replace the access code already selected on your regular First Financial account, but can be the same.

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Another Option

POD - (Payable on Death): I would like to designate the following individual(s) as beneficiary(ies) of this HSA Checking Account:

1. **Primary**
 Contingent Beneficiary SS# _____
Name _____ Birthdate _____

2. **Primary**
 Contingent Beneficiary SS# _____
Name _____ Birthdate _____

3. **Primary**
 Contingent Beneficiary SS# _____
Name _____ Birthdate _____

I hereby certify that I've established membership in the First Financial Federal Credit Union and have previously received disclosures regarding Credit Union policies, rules, regulations, terms and bylaws.

Under the penalties of perjury, I certify (1) that the social security number shown on the form is my correct taxpayer identification number and (2) that I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signing below amounts to executing this agreement under seal and undersigned adopts as his/her seal the word "(Seal)" appearing beside his/her signature.

X _____ (Seal)	_____/_____/_____ Date
Signature of Primary Owner	

X _____ (Seal)	_____/_____/_____ Date
Signature of Authorized User	

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ID Verification

<input type="checkbox"/> ID Type:	#:	Expiration Date:	Place of issue	BD
Services set up by:	Branch Mgr. Signature:	Date		