

## Bank Locations

• **ORION** •

1114 - 4th St.  
309.526.8011

• **CAMBRIDGE** •

201 N. Prospect St.  
309.937.3341

• **ALEDO** •

201 W. Main St.  
309.582.5171

• **MOLINE** •

3701 - 69th Ave.  
(Route 6)  
309.799.8161

• **MOLINE** •

5301 - 44th Ave. Dr.  
(John Deere Rd.)  
309.764.8811

• **ANNAWAN** •

302 W. Front St.  
309.935.6234

• **BETTENDORF** •

1855 Middle Rd.  
563.345.6011

# Health Savings Account Visa® Debit Card Application

**BankORION**  
Performance... again and again.

Member  
**FDIC**

## ATM Locations

• **ORION** •

1114 - 4th St.

• **CAMBRIDGE** •

112 S. West St.

• **ALEDO** •

201 W. Main St.

• **ALEDO** •

1306 S. East 3rd St.

• **MOLINE** •

3701 - 69th Ave.  
(Route 6)

• **MOLINE** •

5301 - 44th Ave. Dr.  
(John Deere Rd.)

• **ANNAWAN** •

302 W. Front St.

• **BETTENDORF** •

1855 Middle Rd.



Make Qualified Medical Expense Payments  
From Your Health Savings Account

**BankORION**  
Performance... again and again.



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Member  
**FDIC**

[www.bankorion.com](http://www.bankorion.com)

# Health Savings Account Visa® Debit Card Application

THIS APPLICATION IS TO BE USED FOR A BANKORION HEALTH SAVINGS ACCOUNT (HSA) VISA® DEBIT CARD.  
AN HSA VISA® DEBIT CARD CAN ONLY BE USED WITH A HEALTH SAVINGS ACCOUNT.

*Please print clearly.*

Cardholder Name \_\_\_\_\_

*I wish to access the following Health Savings Account with this HSA Visa® Debit Card:*

Health Savings Account # \_\_\_\_\_ *(No other account types may be used on this card.)*

SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone (home) (\_\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_\_) \_\_\_\_\_

Joint Cardholder \_\_\_\_\_

**Authorizations:** By signing below, I am applying for a BankORION Health Savings Account Visa® Debit Card. I understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my BankORION Health Savings Account. I authorize BankORION to verify the information provided above and to request a credit report if necessary. The BankORION Health Savings Account Visa® Debit Card is available for qualified Health Savings Account holders only. I understand that the Internal Revenue Service (IRS) limits the use of this account to qualified medical expenses and that any non-qualified expenditures must be reported to the IRS.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR BANK USE ONLY:

Card Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Date Ordered \_\_\_\_\_ By \_\_\_\_\_