*Please Complete and Click to Print*

Pathways Financial Credit Union

# Health Savings Accounts Membership Application

Complete this application and return to:

**Pathways Financial Credit Union, Inc.,** 5665 North Hamilton Road, Columbus, OH 43230

Phone: (614) 416-7588 Fax: (614) 416-7580 E-mail: mail@pathwayscu.com

I want to open/apply for: (check all that apply)

✓ Savings Account (Required for membership)
☐ Checking Account
☐ Christmas Club/Vacation Club
☐ Money Market Account
☐ Auto Loan
☐ Visa Credit Card
☐ Home Equity Line of Credit
✓ Health Savings Account (HSA) Checking
☐ Pre-Approved Mortgage Loan
☐ E-statements
☐ Other Services : _____

## Primary Applicant Information

☐ I Am A Member ☐ I Want To Join

Name | Birth Date | SSN

Street Address | City | State | Zip

How Long At Address? | Home Phone | Work Phone

Employer | Occupation | Mother's Maiden Name

E-mail Address | Code Word – *For Security Purposes*

## Account Designations

☐ All Accounts

Beneficiary Name | Street Address | City | State | Zip

## HSA (Health Savings Account) Debit Card & Check Order Form

I am applying for: (check all that apply)

☐ HSA MasterCard Debit Card ☐ HSA Check Order

HSA Debit Cards requested for:

Primary Cardholder Name | Social Security Number

Additional Cardholders* Name(s) | Social Security Number(s)

* I understand that if I request a debit card or checks for my spouse that I am authorizing him/her to make purchases on my behalf. I agree that the credit union bears no responsibility for any purchases made by my spouse.

Check Order Information:

Please enter your personal information as you would like it to appear on your checks.

Example: Joe L. Smith
222 Smith Ave.
Anywhere, OH 44444
614-222-3333

Line#1_____
Line#2_____
Line#3_____
Line#4_____

**TIN Certification and Backup Withholding Information**

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct identification number and that I am not subject to backup withholding, unless designated below.

**☐ I am subject to backup withholding ☐ Exempt ☐ I am not a United States citizen or resident (complete W-8 form)**

This application is submitted to attain credit. I (We) certify that all information herein is true and complete. I (We) authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my(our)credit standing. By signing the application, I (We) agree to the terms and disclosures that are included as well as any additional disclosures that are sent to me (us) by the Credit Union.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT WITH PATHWAYS FINANCIAL CREDIT UNION**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

**X**_____

Applicant's Signature | Date

FOR OFFICE USE ONLY

OFAC: _____ CHEX: _____ DATE OPENED: _____ MEMBERSHIP OFFICER: _____