

Enrollment Agreement Additional Card Request/Replacement Card Request



As a participant in one or more of your Employer Plans or as an account holder under the HSAtoday™ program, you will receive a mySourceCard® MasterCard® Debit Card issued by Armstrong Bank, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the card.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the nonqualified expense.

You agree to save all invoices and receipts related to any expense paid with the Card; upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a nonqualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from your personal checking or savings account, a post office deduction from your paycheck, or other options established by your employer.

Please Note: Additional terms and conditions would apply if you use the Card to access your funds in your HSA under the HSAtoday™ program. In such event, these additional terms and conditions would be set forth in an HSA Addendum to your HSA custodial account agreement.

There is a fee of \$5.00 for each additional or replacement card requested. Mail this form along with a check or money order (no other form of payment can be accepted) for \$5.00 per card to:

For proper cardholder identification, the following information is required. Your card(s) will not be issued until both form and payment are received. Cards can only be mailed to the account holder's address.

Name of Employer (Please Print) _____

Name of Account Holder (Please Print) _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth/mm/dd/yyyy/ _____ Home Phone (____) _____ E mc Address _____

Name on 1st Card Being Ordered Now (Please Print) _____

This is a replacement card This is an additional card (21 characters maximum including spaces)

Name on 2nd Card Being Ordered Now (Please Print) _____

This is a replacement card This is an additional card (21 characters maximum including spaces)

Signature _____ Date _____/____/____
mm/dd/yy