



GTFCU Health Savings Account Check Card Application

FAX BACK TO 512-323-4880

(Please Select)

New Card Order Replacement Card (\$5 replacement fee may apply)

Reason for Replacement _____

(Please Select)

Please send card via 1st Class Mail (free) Please send via UPS One-day Rush (\$35 fee)
2-3 Business Days Request must be received by 1pm M-F
Saturday delivery available for an additional fee.

(Please Select)

I wish to set my PIN # during activation I wish to have a RANDOM PIN # mailed to me

Account Number _____

Cardholder name to appear on the card _____

**Please mail my card to:
(No PO BOXES please, branch delivery not available)**

Address _____

City _____ State _____ Zip _____

Is this your home address? YES NO

The applicant signing below requests, subject to the approval of Greater Texas Federal Credit Union/Aggieland CU, a card and personal identification number (PIN) to be used to access the card. By using the card, the applicant agrees to abide by the terms and conditions of the GTFCU Health Savings Account Check Card agreement which will accompany the card. Further, the applicant will take precautions to protect the card and PIN from unauthorized usage.

Member Signature _____ Date _____

Sent/Faxed by _____ Ordered by _____ Date Ordered _____ Last 6/Offset _____