

Fulton Bank

LISTENING.

DEBIT CARD AUTHORIZATION FORM FOR HEALTH SAVINGS ACCOUNT

By signing below as account holder, you understand and agree that: (a) you are designating the person named below as authorized user as your agent for purposes of requesting withdrawals on your behalf from your Health Savings Account using a Visa Check Card issued in his or her name; (b) the Visa Check Card will be printed with the name of the authorized user on the front and must be signed by the authorized user on the back promptly upon receipt; and (c) this authorization will remain in effect until you have notified us, as provided in your Electronic Fund Transfer Systems Disclosure Statement, that withdrawals by that person are no longer authorized.

By signing below as authorized user, you understand and agree that: (u) you have been designated by the account holder as his or her agent for purposes of requesting withdrawals on his or her behalf from his or her Health Savings Account using a Visa Check Card issued in your name; (v) the Visa Check Card will be printed with your name on the front and must be signed by you on the back promptly upon receipt; (w) your use of the Visa Check Card will be subject to all of the agreements and disclosures governing the Health Savings Account; (x) the Health Savings Account has been established for the purpose of paying the qualified medical expenses of the account holder; (y) withdrawals that are not used for the purpose of paying the qualified medical expenses of the account holder must be reported to the IRS and may subject the account holder to ordinary income and penalty taxes; and (z) this authorization may be cancelled by the account holder without notice to you.

Name of Account Holder (Print)

Signature

Date

Street Address

City, State, ZIP

Authorized Cardholder #1:

Name of Authorized User (Print)

Signature

Tax ID Number

Date of Birth

Authorized Cardholder #2:

Name of Authorized User (Print)

Signature

Tax ID Number

Date of Birth

Authorized Cardholder #3:

Name of Authorized User (Print)

Signature

Tax ID Number

Date of Birth

Authorized Cardholder #4:

Name of Authorized User (Print)

Signature

Tax ID Number

Date of Birth