First MSA, Inc.

# CHECK CARD APPLICATION FORM

First MSA/Leesport Bank Health Savings Account

*To receive your Visa Check Card, please complete the following application and return to First MSA, Inc.*

PLEASE PRINT:

Name _____
First Middle Last

Street Address _____

City _____ State_____ Zip_____

Home Phone _____

Business Phone _____

Date of Birth _____ SS# _____

**MY FIRST MSA HEALTH SAVINGS ACCOUNT TO BE ACCESSED IS ACCOUNT**

**# 5 6 ___ ___ ___ ___ ___ ___ -___**

I agree to be bound by the rules and regulations of Leesport Bank as well as the laws and regulations of any federal or state agency having jurisdiction over the use of the Check Card. I have read and agree to the ATM Check Cardholder Agreement and acknowledge receipt of the disclosure agreement.

Signature _____ Date _____

**For an additional card: Please include a check made payable to "Leesport Bank" for $5.00 with this application.** The additional "Authorized Signor" section on the application must be completed in order to apply for an additional card. The additional signor must print and sign below.

_____ _____
Additional Signor Signature Additional Signor Signature

**IMPORTANT!! READ CARDHOLDER AGREEMENT AND REMEMBER TO SIGN YOUR APPLICATION.**

FOR INTERNAL USE ONLY:

Employee Name:_____
Approved By:_____
Date: ____/____/_____
Issued Visa Check 449111_____



First MSA, Inc., 1044 MacArthur Road, Reading, PA 19605