

Health Savings Account Application

PRIMARY ACCOUNT HOLDER

Full Legal Name _____

Home Address _____

Home Phone _____ Alternate Phone _____

Email _____

Social Security # _____ DOB _____

Employer _____

ADDITIONAL SIGNER

Full Legal Name _____

Home Address _____

Home Phone _____ Alternate Phone _____

Email _____

Social Security # _____ DOB _____

Employer _____

CIRCLE ONE: SINGLE PLAN FAMILY PLAN

PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF YOUR DRIVERS' LICENSE FOR YOURSELF AND ANY ADDITIONAL ACCOUNT HOLDERS. A SECONDARY FORM OF IDENTIFICATON MUST ALSO BE PROVIDED, CONSISTING OF ONE OF THE FOLLOWING: SOCIAL SECURITY CARD, PASSPORT, OR CURRENT UTILITY BILL.

By signing this document, I authorize Genesee Regional Bank (GRB) to obtain information regarding my identity and banking history from Chex Systems. I understand that this information will be used in conjunction with the request to open or become a signer on the deposit account. I further understand that if information in the Chex Systems report results in a decision to either disallow my signing authority or opening an account, GRB will communicate this fact to the owners or signers of the proposed account.

Primary Account Holder Signature_____

Additional Signer Signature_____

EQUAL HOUSING LENDER Member, FDIC. NMLS #417491

GRB
Genesee Regional Bank

IMPORTANT INFORMATION AND PROCEDURES FOR OPENING A NEW ACCOUNT

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 also ask to see your driver's license or other identifying documents.