



DarbyBank

HSA Account Application

Insurance Plan: Individual _____ Family _____ (please check one)

Name (first, Middle, Last) _____

Address _____

City, State, Zip _____

Phone Numbers _____
Home Work Cell

Social Security Number _____ Date of Birth _____

Drivers License No. _____ State of Issuance _____

Expires _____ Issue Date of License _____

Mother's Maiden Name _____

Would you like a debit card, checks, or both? _____

***there will be a charge of \$14.25 for basic blue checks**

Would you like your statements mailed or available online? _____

Email address _____

Are you interested in other types of accounts with Darby Bank? _____

(Please fill out the following form regarding any beneficiaries you may have)

*There will be a \$25.00 fee for any account that is closed prior to 180 days of being opened.

I certify under penalties of perjury that the statements contained in this application are correct and the Social Security Number shown is my correct taxpayer identification number. I understand that you will retain the application whether or not it is approved. I authorize Darby Bank to check my credit history and/or have a credit reporting agency prepare credit on me.

Sign _____

Date _____

PLEASE FILL OUT THE APPLICATION IN ITS ENTIRETY

Information for Beneficiaries

Primary Beneficiary

Name _____

Address _____

City, State, Zip _____

Social Security Number _____ Date of Birth _____

Mother's Maiden Name _____

Relationship to account owner _____ Percentage _____

Name _____

Address _____

City, State, Zip _____

Social Security Number _____ Date of Birth _____

Mother's Maiden Name: _____

Relationship to account owner _____ Percentage _____

Contingent Beneficiary

Name _____

Address _____

City, State, Zip _____

Social Security Number _____ Date of Birth _____

Mother's Maiden Name: _____

Relationship to account owner _____ Percentage _____