



HSA Debit Card Application



Mailed Card

Instant Issue Card

New Card

Replacement Card

\$5.00 fee assessed (no fee for fraud replacement)

By my signature below, I am requesting a Resource Bank Debit Card. I understand that my Debit Card will allow access to my bank accounts listed below. I understand the need to memorize my Personal Identification Number (PIN) and not to write the PIN where it can be stolen or lost with my Debit Card. I have received a copy of the liability disclosures concerning the use of my Debit Card. The bank may obtain a current credit report upon receipt of this application. I agree to abide by the terms and conditions established by Resource Bank as related to the use of the Debit Card.

Name of Applicant: _____ Applicant SSN: _____

Name of Authorized Signer: _____ Authorized Signer SSN: _____

Physical Address: _____

Mailing Address (If different from Physical): _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____ Account No. _____

Employer Name: _____

Signature of Applicant: _____ Date: _____

Signature of Authorized Signer: _____ Date: _____

Note: Do not send this application via email, if it is sent via email, it will not be processed.

* Please mail this to: Resource Bank
1598 Ochsner Blvd., Suite 101
Covington, LA 70433

* Or hand deliver it to a Resource Bank branch.

Resource Bank Officer Authorization (Account Officer or VP & above ONLY, if customer signature CANNOT be obtained):

I attest to the accuracy of this request and have received verbal authorization from the customer.

Officer Name: _____ Officer Signature: _____ Date: _____

For Bank Use Only:

I have verified that the address listed above matches the address on our system and I have verified that it has not been changed within the last 30 days. **(REQUIRED)**.

I have verified that a COMPLETE signature card is on file **(REQUIRED)**. **New Account?** Yes No

Current Credit Report is attached with appropriate approval. **OR** No Credit Report **REQUIRED** due to **Employee OR Fraud**

OR Credit Report was run in the last 24 months. Dated: _____ Score: _____ * Scores below 625, Officer Approval **(REQUIRED)**.

Special Limits (For use when reducing normal daily limits):

POS Online: _____ POS Offline: _____ ATM Online: _____ ATM Offline: _____

Account Officer: _____ Branch Number: _____

Submitted By (Please Print Name): _____ Date: _____

***Officer Approval (If required):**

Officer Name: _____ Officer Signature: _____ Date: _____

Verified By (Banking Technology): _____ Date: _____

Applicant Card Number: _____ Authorized Signer Card Number: _____

Ordered By: _____ Date: _____

Health Savings Debit Card Disclosures

The Resource Bank Debit Card offers additional services that give you greater versatility for managing your financial needs. You may use your Debit Card to pay for goods and services at any merchant where VISA is accepted. The purchase is deducted from your checking account. Also, this card can be used as an ATM card. The following is a disclosure statement made in compliance with certain disclosure requirements imposed on financial institutions by the Electronic Funds Transfer Act and Regulations E of the Federal Reserve Board which apply to consumers only.

Personal Identification Number (PIN)

Upon receipt of your card and Personal Identification Number (PIN), you are required to sign your name on the signature panel on the back of the card. You are responsible for the proper control in your use of the card and PIN. We must be notified immediately if you believe your card has been lost or stolen or if a transfer of funds has been made without your permission. For your protection you should keep your PIN secret and not write it on the card or keep it any place where it may be found with the card.

Limitations of Transactions

For security reasons, there are limitations on the dollar amounts of transactions. Cash withdrawals at an ATM machine are limited to a total of \$400 per day. Retail purchases, including point-of-sale transactions where you utilize your PIN, are limited to a total of \$1500 per day.

Types of Transactions

You may use your Debit Card at automated teller machines (ATM) and VISA merchants throughout the country. However, some of these functions may not be available at all terminals.

- ATM cash withdrawals with card and PIN (**Foreign ATM Fees may apply)
- ATM transfer of funds between checking and savings
- ATM obtain account balance
- Retail purchases at VISA merchants

** Please note, Resource Bank charges \$1.50 (per transaction) to use your card at a foreign ATM, where any ATM other than ATMs within Resource Bank's network are considered foreign. This fee is separate from any usage fees charged by the bank owning the foreign ATM. All ATMs within Resource Bank's network can be located by using the ATM locator tool on the Resource Bank website.

Foreign Transactions

Purchases made in foreign countries and foreign currencies will be billed to you in U.S. dollars. The conversion rate to dollars will be made in accordance with the operating regulations for international transactions established by VISA.

Documentation

When you complete an ATM transaction, you will receive the following information on a receipt-amount of money withdrawn, date of transaction, type of transaction, identity of the account, location of terminal, and transaction number and card number. You have a right to get a receipt at the time you have a transaction in a retail establishment. You will get a monthly account statement for your checking account. Your monthly account statement will indicate your Debit Card transactions, as well as any fees incurred as a result of using your Debit Card.

Disclosure of Charges

A \$5.00 fee may apply on cards reissued due to negligence on the part of the cardholder. In general, a card transaction is treated the same as any other withdrawal or deposit, unless otherwise stated in the account description. For other charges related to your specific account, please refer to a current Truth in Savings-Deposit Account Disclosure. The Bank reserves the right to make future changes in checking account and/or Debit Card service charges.

Account Information Disclosure

We will only disclose information to third parties about your account or the transfers that you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account for a third party, such as a credit bureau or a merchant;
- To comply with government agencies or court orders;
- To anyone using your Debit Card and Personal Identification Number (PIN);
- To anyone who has your written permission.

Bank's Liability

If we do not complete a transfer to or from your account on time or in the correct amount according to your instructions, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable for the following instances:

- If through no fault of ours, you do not have enough money in your account to make the transfer;
- If the ATM where you are making a withdrawal or transfer does not have enough cash;
- If you use the wrong PIN, or you used an ATM/POS (point-of-sale) in an incorrect manner;
- If circumstances beyond our control (such as fire or flood) prevent the transfer;
- If the money in your account is subject to legal process or other encumbrance;
- If your card has been revoked due to excessive insufficient fund transactions, notice from you of suspected fraud, or other such circumstances;
- There may be other exceptions stated in our agreement with you. The bank may be liable for damage where it failed to properly credit deposits, subject to the normal policies and procedures of the bank; and where the bank failed to stop-payment of an item, subject to the normal policies and procedures of the bank. However, under no circumstances shall the bank be liable for damages where the error or failure was beyond our control and the bank exercised due care, according to industry standards, or where there was a technical or mechanical malfunction.

Cardholder's Liability

Contact the bank immediately if you believe that your Debit Card or PIN is lost or stolen. An immediate phone call is the best way to reduce any possible losses. VISA offers a Zero Liability policy for any unauthorized non-pinned transactions approved through the VISA network, unless you have been grossly negligent or have engaged in fraud. Should someone steal your card number while you are shopping online or off, you are protected – you pay nothing for the fraudulent activity. This additional limit on liability does not apply to ATM transactions, to transactions using your Personal Identification Number which are not protected by VISA, or to commercial cards. An immediate phone call is the best way to reduce any possible losses. You could lose all the money in your account plus your maximum overdraft line of credit (if you have one). Also, contact the bank immediately if your checking account statement lists transactions that you did not make. If you do NOT notify the bank in writing within sixty (60) days after the statement mailing date, you may not be reimbursed for the unauthorized withdrawals.

ERROR RESOLUTION

You agree to examine your receipts and periodic statements using ordinary care and to report any errors or problems to us within a reasonable time. You agree that the time to examine your statement and report to us will depend on the circumstances, but will not, under any circumstance, exceed a total of 60 days. If you do not notify us within 60 days, we will be entitled to treat such information as correct and you will be precluded from asserting otherwise. We will only re-credit your account for errors or problems as required by law. Call or write us immediately with errors or questions about your electronic transfers at the telephone number or address listed in the Agreement. If you tell us orally, we will require your complaint or question be sent to us in writing within 10 business days, or else we will consider the dispute cancelled. If you provide us with timely notice of an error or problem in your periodic statement, we will investigate the matter and notify you of the results as soon as reasonably possible under the circumstances. You may ask for copies of the documents that we used in our investigation.

Contact Information: Address: 1598 Ochsner Blvd., Ste. 101, Covington, LA 70433. Phone: 985-801-1888. Fax: 985-801-0184. Business Days: Monday-Friday 8:00AM-5:00PM CST (excluding federal holidays).