



# Health Savings Account Customer Information

\*Account Owner: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Home phone: \_\_\_\_\_ Home fax: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Work phone: \_\_\_\_\_ \*Employer: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

\*Mother's maiden name: \_\_\_\_\_

\*Driver's license number: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Issued date: \_\_\_\_\_ \*Expire date: \_\_\_\_\_

\* Required information

Would you like...

A debit card?            Yes        No    (\$15.00)

Checks?                    Yes        No    (\$15.50)

Have you been a Wisconsin resident for the last 5 years?        Yes            No

If not, where? \_\_\_\_\_

X \_\_\_\_\_  
Signature of account owner

Set-up Fee:	None
Check order (if requested):	_____
Debit Card (if requested):	_____
Initial contribution:	_____
Total amount enclosed:	_____
Please make check payable to: <b>Capitol Bank</b>	

Mail to:  
Capitol Bank  
710 N. High Point Road  
Madison, WI 53717  
608-836-1616

How did you hear about our HSA? \_\_\_\_\_

Please retain a copy of this document for your records.

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Note: 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 to you: When you open an account we will ask for your name, street address, date of birth and other information that will allow us to identify you.