



**CAPITOL
BANK**

Health Savings Account Customer Information

New Account Information

Account Owner Name ^

Street ^

Apartment Number ^

City ^

State ^

Zip ^

Home Phone ^

Mobile Phone ^

Email Address ^

Work Phone ^

Employer ^

Date of Birth ^

Social Security Number ^

Mother's Maiden Name ^

Driver's License Number ^

State Issued ^

Date Issued ^

Expiration Date ^

Have you been a Wisconsin resident for the last 5 years? Yes No _____
If not, where did you live? ^

Debit Card? Yes (\$15.00 fee) No

Checks? Yes (\$30.00 fee) No

Funding Information

Account Opening Fee (\$30.00):

Debit Card (if requested):

Check Order (if requested):

Initial HSA Contribution:

Total Amount Enclosed:

Mail To

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

*Please make checks payable to Capitol Bank. There is an HSA closing fee of \$25.
All forms signed and mailed to the Bank must be notarized.
Please retain a copy of this document for your records.*

X _____
Account Owner Signature ^ Date ^

Note: To help the government fight the funding of terrorism and money laundering activities, Federal law required 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.