

## HSA Check Order Form

CHECK ORDERS ARE OPTIONAL

Design	Price	Number of Checks	Number of Deposit Slips
HSA Classic	\$10.00	50	10

Please imprint my Health Savings Account (HSA) Checks as follows:

Name(s)	
Address	
City, State & Zip code	
Telephone # (optional)	(Leave blank if you do not want to include your telephone number on your checks)
Starting Check Number	1001



**HSA check stock contains:**

- ◆ Medical Symbol screened on the background of check
- ◆ OSL information: reads Health Savings Account

- Please ship my checks to the same address as listed above
- Mailing Address: \_\_\_\_\_

Please order 1 box and deduct all costs associated with this check order from my Credit Union Health Savings Checking Account.

**X** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /2011  
Account Owner's Signature

West Ohio United Methodist Credit Union—P.O. Box 54843—Cincinnati, Ohio 45254—1-800-373-1059  
www.umethodist.com

