

Toll Free: (866) 326-3600 Local: (405) 523-5699 Fax: (844) 560-6754

Website: www.afhsa.com Email: afhsa_receipts@alegeus.com

HEALTH SAVINGS ACCOUNT Request for Additional/Replacement Debit Card

Enter the information via your keyboard, print the form, sign it and fax it to the number above.

Relationship Email address Day Phone Day Phone Day Phone Day Phone Day Phone Day Phone Day Phone Day Phone Day Phone Day Ph	A. Account Holder's Information		
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Additional Card Holder Information Relationship Name Relationship Name Relationship	City, State, Zip		☐ Male ☐ Female
Comments If your card is lost or stolen, please check your transactions for any suspicious activity. Contact us immediately at 1-866-326-3600 if there are ransactions on your account that you haven't authorized. C. Additional Card Holder Information Name SSN Relationship Gmm/dd/yyyy) Name SSN Relationship SSN	Email address	Day Phone	
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