

Signature Card

To complete your application, you must print, sign and return this signature card to HSBC.

To: **HSBC Customer Relationship Center**
Mailing Address: **HSBC Bank USA, N.A.**
PO Box 4045
Buffalo, NY 14240

Name of Applicant(s): _____
Application ID Number(s): _____
Tax Payer Identification Number(s): _____

Click your mouse on the "Printed Name of Applicant" line to the left and complete your information. Use your "Tab" (-->|) key to jump from field to field to type in information.

I agree to the following:

I acknowledge that my signature below may be used by HSBC to authenticate my account transactions.

SIGNATURE: X _____ Date: _____
PRIMARY APPLICANT'S NAME

SIGNATURE: X _____ Date: _____
JOINT APPLICANT'S NAME (IF APPLICABLE)