

DEBIT CARD APPLICATION

Personal ☐

Student ☐

Business ☐

CARD HOLDER INFORMATION

CARD REPLACEMENT FEE: \$10

Name to Appear on Card: _____ CIF#: _____

Business Name to Appear on Card (if applicable) (20 character limit): _____

Social Security No: _____ Date of Birth: _____ Phone#: _____

Address: _____

Mother's Maiden Name: _____ Cell Phone#: _____

Alternate Mailing Address: _____

I would like to use my card with the following account numbers:

Primary Checking: _____ Secondary Checking: _____

Primary Savings: _____ Secondary Savings: _____

AGREEMENT

By signing below, I agree that:

- (a) All transactions entered into with this card are subject to the agreements of the account involved.
- (b) I will make every reasonable effort to safeguard my card and my personal identification number.
- (c) This agreement may be terminated at any time by either the bank or the card holder.
- (d) Daily cash withdrawal and point of sale purchase limits apply to each card issued and are subject to the Electronic Funds Transfer Agreement and Disclosures.
- (e) When you use an ATM not owned by us, you may be charged a fee by the ATM operator [or any network used] and you may be charged a fee by us. You may also be charged a fee for a balance inquiry even if you do not complete a fund transfer.

Signature of Applicant: _____ Date: _____

DEFAULT LIMITS

Personal:	Student:	Business:
\$750 Point of Sale	\$100 Point of Sale	\$1,000 Point of Sale
\$500 ATM Withdrawal	\$100 ATM Withdrawal	\$500 ATM Withdrawal

Card#:		PIN Offset:	
Card Expiration:		FSR:	

For Office Use Only

Enter Date: _____ By: _____ Card: _____