



DEBIT CARD APPLICATION & AGREEMENT

For Internal Use Only Date: _____ Port # _____

Customer Name (1)

SSN

Home Phone

Work Phone

Street Address

City, State, Zip

Account to be accessed: Checking #

Savings #

Assigned Card # (Internal Use Only)

Customer Name (2)

SSN

Home Phone

Work Phone

Street Address

City, State, Zip

Account to be accessed: Checking #

Savings #

Assigned Card # (Internal Use Only)

Authorization

I understand that I am accepting responsibility for all card transactions which are made by any of the undersigned or by anyone who has been given permission by any of the undersigned. I have received a copy of this form, a Regulation E Disclosure, and the bank's current service charge schedule for the ATM/Debit transactions.

This information is true and complete. I request that you issue a Visa Check card(s) in the name(s) shown above. I authorize you to investigate my credit and report to others on your credit experience with me. I promise to pay, in accordance with the current Visa Check card Customer Agreement, all debits, fees and extensions of credit generated by usage of the card(s).

Account Owner Signature

Date

Account Owner Signature

Date