

Debit MasterCard® & ATM Card Application

I'd like to apply for the following:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> Business Debit Card | <input type="checkbox"/> PIN Mailer |
| <input type="checkbox"/> Consumer Debit Card | <input type="checkbox"/> Reissue Card | |
| <input type="checkbox"/> Instant Issue | Card #: _____ | Checking Account #: _____ |

Card #: _____

Savings Account #: _____

Address: _____

Name(s) of Person(s) to issue cards to: _____

Business Name: _____

Customer Name: _____

Customer Name: _____

Customer Name: _____

Customer Name: _____

*Fee Charged:
<input type="checkbox"/> Yes _____
<input type="checkbox"/> No
<input type="checkbox"/> Waived

Signatures: By signing below, the undersigned request(s) the described service(s) and agree(s) to the terms and conditions governing the service(s), including any fees and charges. The undersigned agree(s) that all information is accurate and authorize(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms of the following:

Electronic Funds Transfer

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Additional Terms: (Bank Use Only)

Reason for order request:	<input type="checkbox"/> New Account	<input type="checkbox"/> Lost Card
	<input type="checkbox"/> Damaged Card	<input type="checkbox"/> Lost PIN
	<input type="checkbox"/> Compromised Card	<input type="checkbox"/> Instant Issue

Account History:	Current Balance: _____	Number Prev. Cards: _____
	Open Date: _____	Number of Denials:^ _____
	Number of NSF: _____	^See denial tracking sheet

Additional Documents to Customer:	<input type="checkbox"/> Funds Availability Disclosure	<input type="checkbox"/> MasterCard Account Updater
	<input type="checkbox"/> CardValet Brochure	Opt Out Form
	<input type="checkbox"/> Debit Card Information	

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Application Received By: _____
By: _____	Date: _____	Date: _____

Order Date: _____ Card #: _____ Expedited Shipping: Yes

Ordered By: _____ No

*Subject to fee, Refer to most recent fee schedule