## **CONSUMER ACCOUNT SERVICE APPLICATION**

I'd like to apply for the following:  ☐ ATM Card ☐ Debit/Check Card ☐  Number of Cards Requested		Savings #:		
Name(s) of Person(s) to issue cards to:		Acct. Title and Address:		
Name:				
Mailing Address:				
City: State:	Zip:			
Phone: D	OB:			
Name:				
Mailing Address:				
City:State:	Zip:			
Phone: D	OB:			
Name:				
Mailing Address:				
City: State:	Zip:			
Phone: D				
Nome				
Name:Mailing Address:				
City: State:				
Phone: Di				
		`		
Name:				
Mailing Address: State:	7in.			
Phone: Di				
J. 1101101				
Additional Terms:				
Dollar Limits:				
ATM TRANSACTIONS:				
Get cash withdrawals from checking account(s) with a debit card. You may withdraw no more				
than \$500.00 per day at any one ATM and a total of \$1500.00 per three days.				
Get cash withdrawals from a savings account(s) with a debit card. You may withdraw no more than \$500.00 per day at any one ATM and \$1500.00 per three days.				
POINT OF SALE TRANSACTIONS:You may not exceed \$750.00 in transactions per day (\$2000.00				
per three days.)				
For Institution Use	Additio	onal Information <u>In the case of a</u>		
☐ Approved ☐ Declined		requesting a debit card this		
Ву	appli	cation must be signed by the adult		
Date	CO-OW	ner.		

Card Application Bankers Systems TM Wolters Kluwer Financial Services © 2002, 2011

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	ID#	