Comr	nunity Banking at Its Best	(ATM/DEBIT CARD APPLICATION-CONSUMER				
I'd like to apply	for the following:		CIF#:Last 4 SS #:				
ATM Ca	ard 🗌 Debi	t/Check Card	Checking #:				
Choose a Debit	Card Design (ATM Gene	ral Design only)	Savings #:				
	Charge) (No Charge if teacher/stude) (No Charge if teacher/stude	· · ·	Mailing Address:				
•) (No Charge if teacher/stude	· · ·	Street Address:				
Number of Car	ds Requested: 1	2	City: State:				
Name(s) of Per	son(s) to issue cards	to:					
Name:			Employer (or source of deposits)				
Name:							
Additional Terr	ns:		Take home salary/month				
ATM LIMIT	\$500		Pay frequency:				
POS LIMIT	\$1000						
	Permanent Mainten	ance	(Weekly) (Bi-weekly) (Monthly)				
Maintenance Date		Approved / Declined					
ATM Limit	\$		Automatic Deposit: (Yes) (No)				
POS Limit	\$		_ `				

Account Information								
Account Number (Includes All	Date Account Opened	Average Balance/Quarter						
Accounts)		Current	2nd	3rd	4th			

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 agrees to the terms as disclosed.

Signature	Date	Signature		Date
If opened withi	n last 6 months: - Includ	le copy of Custome	r Information Card and	d a copy of Credit Report
For Institutional Use Only:	Approved	Decl	^{ined} Men	nber 🔨
Additional Info:			- CR	
Accepted by:	Officer:	Date:		EQUAL HOUSING
Keyed by:	Date:			– – LENDER