

**CARD APPLICATION**

Automated Teller (ATM)  Debit

**Name and Address of Financial Institution**

Words or phrases preceded by a  are only applicable if the  is checked.

**Request for:**  New Card  Replacement Card  Change in Access  PIN Maintenance

**Account Title and Address**

**Cardholder Information**

Address:

Title/Capacity:

Residence Phone: \_\_\_\_\_ :

Date of Birth:

Tax ID Number:

Employer:

**Authorization Limits:**

<input type="checkbox"/> ATM withdrawal/ATM:	\$ _____	per _____	;	_____	transactions per
<input type="checkbox"/> ATM withdrawal/Debit:	\$ _____	per _____	;	_____	transactions per
<input type="checkbox"/> Point of Sale (with PIN):	\$ _____	per _____	;	_____	transactions per
<input type="checkbox"/> Point of Sale (PIN-less):	\$ _____	per _____	;	_____	transactions per
<input type="checkbox"/> Cash Advances from Line of Credit	_____	_____	;	_____	_____
<input type="checkbox"/>	_____	_____	;	_____	_____
<input type="checkbox"/>	_____	_____	;	_____	_____

**Card Information**

Card Number:

Issue Date:

Expiration Date:

Date Ordered:

Date Mailed:

**Accessible Accounts**

Checking:

Savings:

Loan:

Credit Card:

Link Accounts:  Yes  No  
 Deposits Only  Balance Inquiry

**Cardholder Information**

Address:

Title/Capacity:

Residence Phone: \_\_\_\_\_ :

Date of Birth:

Tax ID Number:

Employer:

**Card Information**

Card Number:

Issue Date:

Expiration Date:

Date Ordered:

Date Mailed:

**Accessible Accounts**

Checking:

Savings:

Loan:

Credit Card:

Allow Transfers Between Accounts:  Yes  No

Authorization Limits:

<input type="checkbox"/>	ATM withdrawal/ATM:	\$		per		;		transactions	per	
<input type="checkbox"/>	ATM withdrawal/Debit:	\$		per		;		transactions	per	
<input type="checkbox"/>	Point of Sale (with PIN):	\$		per		;		transactions	per	
<input type="checkbox"/>	Point of Sale (PIN-less):	\$		per		;		transactions	per	
<input type="checkbox"/>	Cash Advances from Line of Credit:									
<input type="checkbox"/>							<input type="checkbox"/>	Deposits Only	<input type="checkbox"/>	Balance Inquiry
<input type="checkbox"/>										

Additional Notes:

**Definitions.** The terms "I" and "my" refer to the Cardholder(s), and the terms "you" and "your" refer to the Financial Institution.

**Access Authorization for Overdraft Protection.** By checking this box, I authorize that my overdraft line of credit will be accessed through my checking account, # \_\_\_\_\_, card transactions.

**Truth in Lending Disclosure.** I may be liable for the unauthorized use by Cardholder(s) to access my line of credit. I understand that I must refer to my Line of Credit Agreement for disclosures related to my liability for unauthorized use.

**Acknowledgment.** I have applied for the card services noted above. I acknowledge receipt of a copy of the Electronic Fund Transfer Disclosure and this Application, and I agree to be bound by their terms. I further authorize you to make inquiries from any consumer reporting agency, including a check protection service, in connection with this request.

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Date

Authorized by:

X \_\_\_\_\_  
Date