

ATM/DEBIT CARD APPLICATION-CONSUMER

I'd like to apply for the following:

- ATM Card Debit/Check Card

Choose a Debit Card Design (ATM General Design only)

- General Design No Charge
 Cossack Card \$10.00 (No Charge if teacher/student of Max)
 Trooper Card \$10.00 (No Charge if teacher/student of Garrison)
 Warrior Card \$10.00 (No Charge if teacher/student of White Shield)

Number of Cards Requested: 1 2

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

Name: _____

Name: _____

Additional Terms:

ATM LIMIT	\$500
POS LIMIT	\$1000
Permanent Maintenance	
Maintenance Date	Approved / Declined
ATM Limit	\$
POS Limit	\$

CIF#: _____	Last 4 SS #: _____
Checking #: _____	
Savings #: _____	
Mailing Address: _____	
Street Address: _____	
City: _____	State: _____

Employer (or source of deposits) _____
Take home salary/month _____
Pay frequency: (Weekly) (Bi-weekly) (Monthly)
Automatic Deposit: (Yes) (No)

Account Information					
Account Number (Includes All Accounts)	Date Account Opened	Average Balance/Quarter			
		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 within last 6 months: - Include copy of Customer Information Card and a copy of Credit Report

For Institutional Use Only:	_____ Approved	_____ Declined
Additional Info:	_____	
Accepted by: _____	Officer: _____	Date: _____
Keyed by: _____	Date: _____	

