



**ATM/DEBIT CARD APPLICATION-CONSUMER**

I'd like to apply for the following:

ATM Card                       Debit/Check Card

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
<b>Permanent Maintenance</b>	
<b>Maintenance Date</b>	<b>Approved / Declined</b>
ATM Limit	\$
POS Limit	\$

CIF#: \_\_\_\_\_ Last 4 SS #: \_\_\_\_\_

Checking #: \_\_\_\_\_

Savings #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

**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: \_\_\_\_\_

