



VISA DEBIT CARD APPLICATION

Please complete this section for all new card requests:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Maiden Name (for security purposes) \_\_\_\_\_

Account Number	Type of Account (checking or savings)
_____	<u>Checking</u>
_____	_____

Please issue \_\_\_\_\_ Visa Debit Card(s) for the account(s) listed above.

I understand my daily limits are: \$200.00 ATM Withdrawals  
\$750.00 Point of Sale (POS) Transactions

I acknowledge receipt of a copy of the bank's Electronic Funds Transfer Agreement and agree to the terms set forth in that agreement.

Signature x \_\_\_\_\_ Date \_\_\_\_\_

Signature x \_\_\_\_\_ Date \_\_\_\_\_

You can activate or change your PIN by calling 1-800-448-8268.

FOR BANK USE ONLY

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Daily ATM Limit \$200.00 Daily POS Limit \$750.00  
Input By: \_\_\_\_\_ Date: \_\_\_\_\_  
PAN # \_\_\_\_\_