

E-Banking Services Application

Debit Card

Primary Account Holder:

Secondary Account Holder (if joint account):

First Name Middle Name Last Name

First Name Middle Name Last Name

Address

Address

City State Zip

City State Zip

Primary Phone Secondary Phone

Primary Phone Secondary Phone

Social Security Number Date of Birth

Social Security Number Date of Birth

Email Address

Email Address

Signature Date

Signature Date

Please check and complete the following for each of the E-Banking Services you plan to use:

Debit Card

Checking account number to link to my card:

Savings account number to link to my card:

(must have checking account in order to be eligible for a debit card)

By signing this application, I agree to the following: I understand that there is **no monthly fee** for my ATM card. If my ATM card is damaged, lost, or stolen, I will be required to pay a replacement fee of \$10 per card. I agree to be bound by the terms and conditions of the ATM card and the electronic funds transfer disclosure, copies of which will be mailed to me if a card is granted. Receipt of terms, conditions, disclosure, and acceptance of such terms will be conclusively presumed by use of the card. By signing above, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you.

Note: If this is joint application, both account owners must sign the application and shall be joint and severally liable for any and all ATM transactions.