



## Consumer Debit Card Application

Full Name \_\_\_\_\_

(First, Middle Initial, Last)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Savings Account Number (optional) \_\_\_\_\_

### Additional Cardholder Information (optional)

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Cardholder Authorization and Agreement

I/We authorize our financial institution to obtain a consumer credit report and to verify statements made in this application. I/We agree to the terms and conditions of the debit card disclosure and the electronic funds disclosure from our financial institution.

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

### Financial Institution Use Only:

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Card # \_\_\_\_\_

Processor's Initials \_\_\_\_\_

"ATM Cardholder" profile code added to account by \_\_\_\_\_ Date added to account \_\_\_\_\_

**Send original copy to maintenance approval department, and a copy to the bookkeeping department.**

Approved by \_\_\_\_\_