

With a debit card
you'll never have to ...

Wonder
if your check will be accepted

Stand in line
waiting for a teller

Worry
about carrying lots of cash

Get started now ...
it only takes a minute!



PK291-DCAB



**Thank you
for applying!**

**Your money.
Whenever you want it.**

*We'll contact you soon about
your new debit card.*

*Cash in on the convenience of
your own debit card!*



**GET YOUR DEBIT CARD –
APPLICATION INSIDE.**

Look at all the reasons a debit card is so right for you ...

Because a debit card makes your life easier

- **Use it anywhere Visa® or MasterCard® is accepted** – restaurants, movie theaters, shopping malls, gas stations, grocery stores, online ... even places that won't accept checks.
- **Make purchases with a swipe** – it's faster and easier than writing checks.
- **No more standing in line** – get cash, make deposits, transfer funds, or check your account at many of our network ATMs.
- **Get cash back** – without a surcharge at participating merchants.

Because a debit card gives you peace of mind

- **It's safe** – no need to carry a lot of cash.
- **It's secure** – use your secret PIN to get money from an ATM, make purchases at any PIN-equipped retail location, or get cash back from many retailers. It's been proven that PIN transactions are the safest types of payment you can make.
- **It's covered** – if your card is ever lost or stolen, let us know right away ... you're protected!



Because a debit card makes record keeping a breeze

- Track all your purchases quickly and easily.
- Get receipts for every transaction.
- Watch what you spend – each transaction appears on your monthly statement.

Don't wait another minute ...

Apply now and cash in on the convenience!

DEBIT CARD APPLICATION *Please complete the information below.*

Full Name (First, Middle Initial, Last)

Address

City

State ZIP Code

Home Phone Cell Phone

Work Phone Ext.

Social Security Number

Birthdate (Month/Year)

Share/Checking Account Number (Optional)

ADDITIONAL CARDHOLDER INFORMATION (OPTIONAL)

Full Name (First, Middle Initial, Last)

Social Security Number

Birthdate (Month/Year)

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 # _____

Approved by _____