

I wish to apply for:

- Debit/ATM Card   
  ATM Card   
  HELOC   
  Health Savings Account Debit Card  
 (Preferred Equity Debit Card)

\_\_\_\_\_  
Name of Account Holder #1

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

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

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

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

\_\_\_\_\_  
Checking Account #

\_\_\_\_\_  
Statement Savings Account #

\_\_\_\_\_  
Money Market Account #

\_\_\_\_\_  
Name of Account Holder #2

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

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

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

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

\_\_\_\_\_  
Checking Account #

\_\_\_\_\_  
Statement Savings Account #

\_\_\_\_\_  
Money Market Account #

I understand that a Debit/ATM Card is not a credit card and that the amount of all purchases will be deducted from my primary checking account. All Debit cards and ATM cards are available to qualified customers only. I authorize Passumpsic Savings Bank to verify the information provided and to obtain a credit report, or any credit references necessary now or in the future to process my Debit Card/ATM Card application or to review my account(s). If the Bank does so, I will, upon request, be informed of such action and the name and address of each credit bureau/reference contacted.

I received the Electronic Fund Transfers disclosure and cardholder agreement with this application. If this application is approved, I am legally obligated by these agreements.

I AGREE TO THE TERMS OF THIS APPLICATION. I ALSO CERTIFY THAT ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE.

\_\_\_\_\_  
Signature of Account Holder #1

\_\_\_\_\_  
Signature of Account Holder #2

**FOR BANK USE ONLY**

Application Received By \_\_\_\_\_  
Teller Alert \_\_\_\_\_

\_\_\_\_\_  
Card Number 1

\_\_\_\_\_  
Card Number 2

\_\_\_\_\_  
POS Limit

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

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Port Number

\_\_\_\_\_  
On-line Limit

\_\_\_\_\_  
Date Opened

\_\_\_\_\_  
Off-line Limit

\_\_\_\_\_  
Opened By