

# CARD APPLICATION & SET UP SHEET



I Wish to apply for

Debit/ATM Card

HELOC  
(Preferred Equity Debit Card)

Health Savings Account Debit Card

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Secondary DDA/ Monney Market Account #:

\_\_\_\_\_  
Secondary DDA/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 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/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

<b>FOR BANK USE ONLY</b>		Application Received By _____
Card Number 1 _____	Card Number 2 _____	Teller Alert _____
P.O.S Limit _____	Replaces Card # _____	
Expiration Date _____	Port Number _____	
On-line Limit _____	Date Opened _____	
	Opened By _____	