



DEBIT/ATM CARD APPLICATION/CHANGE FORM

Applicant: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

SSN: _____ DOB: _____

Business Name (if Applicable): _____

EIN: _____

I'd like to apply for the following:

- ATM Card, DEBIT Card, NEW, CLOSE, REPLACE, ONE TIME LIMIT RAISE, PERMANENT LIMIT RAISE, DAMAGED, HOT CARD / LOST, HOT CARD / FRAUD, CHG \$10.70 FEE

Card Number
Card# _____

Attached Account (s)
Checking # _____
Savings # _____

Reason for Limit Change: _____

Daily Withdrawal Limit Requested: \$ _____

Additional Comments to VH: _____

Replacement Card Number if applicable
Card # _____

- RUSH ORDER, 2 Day Special order, Request received in person, Per phone request, Per bank authorization

Employee Requesting: _____

By signing below, the undersigned request(s) the described services(s) and Agree(s) to the terms and conditions governing the services(s), including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms of the following:

Electronic Funds Transfer

Signature

Date