PISGAH
COMMUNITY BANK

PERSONAL ATM/DEBIT CARD APPLICATION

-NAME1-
-NAME2-
ADDRESS
CITY,STATE,ZIP

PERSONAL CARDHOLDER INFORMATION

NAME:
MAILING ADDRESS:
CITY, STATE, ZIP:
DAY PHONE:
EVENING PHONE:

ADDITIONAL CARDHOLDER INFORMATION

NAME:
MAILING ADDRESS:
CITY, STATE, ZIP:
DAY PHONE:
EVENING PHONE:

Please consider this application for the following: -Choose Card Type-

ACCOUNT INFORMATION

1. **Checking Account Number:**
2. **Savings Account Number:**
3. **Additional Account Number:**
4. **Additional Account Number:**

Authorization – Your signature(s) on this form will authorize us to check your credit history and to answer questions about your credit experience with us. Your signature(s) on this form will constitute an agreement that use of the card(s) will be governed by the Electronic Funds Transfer Agreement which you acknowledge receiving.
Cards Ownership and Cancellation - You acknowledge the Card has been issued by us and remains our property and may be revoked or cancelled at any time without prior notice to you. You agree to immediately surrender the Card to us upon demand. You may elect to cancel at any time by surrendering and returning the Card. Cancellation by you shall not become effective until the Card is received.

Cardholder Signature Date

Additional Cardholder Signature Date

Bank Use Only

Cardholder_____ Additional Cardholder_____
Card # Issued_____ Card # Issued_____
Approved By_____ Approved By_____
Limit_____Date_____ Limit_____ Date_____

Application Denied By_____Reason_____
Processing Completed By_____ Date_____