



APPLICATION FOR ELECTRONIC ACCESS DEVICE

DEPOSITOR
ADDRESS

Depositor (whether one or more) hereby applies to Bank for an electronic access device ("Access Device"), and additional Access Devices for the authorized person(s) indicated below, to access the accounts listed below and to perform such other banking functions with the Access Device as are described in the Electronic Fund Transfers Agreement and Disclosure. If there are questions about this Application, Bank may contact Depositor at the address shown above, or at the following telephone number:

Phone Number _____ ATM Card Debit Card Other _____

PERSONS TO BE ISSUED CARDS	
Name _____	Name _____
Name _____	Name _____

ACCOUNTS TO BE ACCESSED	
Account _____	Account _____
Account _____	Account _____

SPECIAL INSTRUCTIONS

SIGNATURE		
Depositor, and any authorized person(s) indicated above, have received a copy of the Electronic Fund Transfers Agreement and Disclosure and agree to be bound by the terms and conditions contained therein, as they may be amended from time to time by Bank, and to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the Access Device(s). Depositor also authorizes Bank to check credit and employment history should it deem necessary.		
Date _____	Signature _____	Identification _____
Date _____	Signature _____	Identification _____
Date _____	Signature _____	Identification _____
Date _____	Signature _____	Identification _____