



# COMMUNITY BANKS

of SHELBY COUNTY

## Visa Debit Card Application

Applicant \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Card requested VISA DEBIT \_\_\_\_ VISA ATM \_\_\_\_ (subject to approval)

I would like to access the following account(s) with my card:

Checking account # \_\_\_\_\_ Savings account # \_\_\_\_\_

By accepting and using the ATM or Visa Check Card, the Cardholder(s) agree to be bound by the following terms and conditions:

1. Subject to restrictions established by the issuer, various transactions may be performed by the use of this card and the Personal Identification Number (PIN). The issuer, without notice, may add or delete types of transactions or change or add in the limitations applicable thereto.
2. Cardholder shall make every reasonable effort to prevent improper use of the card and the PIN on the card, not disclose it to a person not authorized to use the card or PIN.
3. All transactions initiated by the use of the card and PIN shall authorize the issuer to process and complete the transactions in accordance with the instructions given by the cardholder for which the cardholder will be responsible.
4. Issuer may withdraw cardholder's privilege to use banking machines at any time and retake possession of the card.
5. Either issuer or cardholder may terminate this agreement at any time. Upon such termination, banking cards shall be returned to the issuer. However, such termination shall not affect any transaction commenced through the use of the card prior to its return.
6. The terms of this agreement are subject to applicable Federal and State laws and any regulations issued there under and may be amended by the issuer from time to time by giving the cardholder reasonable notice of said statement.

Your signature(s) on this form constitutes a request for the described services as well as an agreement for the described services, including Terms and Conditions governing these services, and all fees and charges. The undersigned affirms that all information is accurate and authorizes Community Banks of Shelby County to verify credit and employment history, which may be through a credit report or a Credit Reporting Agency. Further, by signing below the applicant(s) acknowledge(s) that He /She/They has/have read the Electronic Funds Disclosure provided at time of account opening.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Card Type \_\_\_\_\_ Limit \_\_\_\_\_