

# ATM Card & MasterCard Debit Cards Application

## Bank Use

Primary account number	Replacement PAN	Status change
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## Customer Information

Address change: (list new address below) List old address here: \_\_\_\_\_

Customer's name - 1 (primary)		Social Security number		Customer's name - 2 (secondary)		Social Security number	
Customer's address - 1				Customer's address - 2			
City	State	Zip Code	City	State	Zip Code		

## Credit Application/Maintenance

Please indicate: <input type="checkbox"/> Card application or <input type="checkbox"/> Card maintenance							
Account type: (circle one)		Business		ATM Daily Limit	Point of Sale Daily Limit	Number of cards: (circle one)	
ATM Card		Personal		200	500	1	
MasterCard Debit Card						2	

## Checking and Savings Account Numbers

(A) Add (C) Change (D) Delete	Account type (Checking or Savings)	Account Number

Card Replacement Reason: \_\_\_\_\_ (Damaged, Lost, Other)

## Customer's Agreement

The person or persons who have signed this request (the "Customer's") hereby request that a debit card be issued to each of them for the account or accounts designated. In the event that one or more cards are issued, the customers agree:

- such cards will be used to obtain cash, goods, or services only if at the time of such use there are on deposit in the designated accounts funds sufficient to cover such use;
- the bank may charge to the designated accounts an amount sufficient to cover such use;
- that there may be a delay of up to five days in recording of any deposits or loan payments made at a retail facility;
- the use of such card shall be governed by the printed terms and conditions and such other terms and conditions or amendments thereto, as may be established from time to time by the bank and communicated to the customers.

Your signature below constitutes your assent to the "Customer Agreement" set forth above.

In case of joint account, both depositors must sign application even if only one card is requested.

Signature of customer - 1 X	Date	
Signature of customer - 2 X	Date	
Comments		
Institution name Bank of Turtle Lake	Authorizing bank signature	Change received



Pending Bank Approval



Please print this form, complete it, sign where indicated, and mail to: Bank of Turtle Lake, PO Box 565, Turtle Lake, ND 58575