



ATM CARD APPLICATION

New Card (New Customer)

Replacement Card (Existing Customer)

Lost

Damaged

Stolen

Other _____
(Please specify)

First Name (please print): _____ Middle Initial: _____

Last Name: _____

Street Address (required): _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

Checking Account number (Primary): _____

Checking Account number (Secondary): _____

Savings Account number (Primary): _____

Savings Account number (Secondary): _____

By signing below, I acknowledge that the information provided is correct. I also acknowledge that I have received the cardholder agreement and accept the terms and conditions therein. I hereby give authorization to order my card.

Signature _____ Date _____

Authorized signature of depositor and cardholder (Only one signature per card)

THIS SECTION FOR NCB USE ONLY

Was this application filled out in person? Yes* No**

*If yes, how was identity confirmed? Identity Known Driver's License Number Other form of ID

** If application not filled out in person:

▪ Signature verified to confirm identity? Yes No

▪ Address changed in last 30 days? Yes No

If yes, was request confirmed? Call Back Letter to both addresses

(Do not issue within 14 calendar days of address change)

Received By: _____ Date _____

Approved By: _____ Date _____

Card Number: 57332_____ (Please be sure to fill in the card number)

Unlike Debit cards, you must activate ATM Cards as soon as you add them to the CMS system.

