TOTALBANK APPLICATION FOR TOTALBANK ATM CARD OR CHECK CARD

I would like to apply for the following card(s): ☐ ATM Card ☐ Debit/Check Card

DEPOSITOR

Name (First – Middle – Last):		
Address:		
City:	State:	Zip:
Home Telephone:		
Previous Address (If Less Than Three Years at Present Address):		
Date of Birth:	Social Security Number:	
Mother's Maiden Name:		

JOINT DEPOSITOR

Name (First – Middle – Last):		Issue another card in this name: Yes ☐ No ☐
Address (if different from depositor):		
City:	State:	Zip:
Date of Birth:	Social Security Number:	

ACCOUNT INFORMATION AND INSTRUCTIONS

Accounts to Access with Card (check all that apply):	☐ Primary Account:
☐ Other Account:	☐ Other Account:

NOTE: Point of Sale (POS) transactions will be deducted only from your Primary Checking Account. POS transactions involving a refund will be credited to your Primary Checking Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Checking Account will be used for your transactions.

SIGNATURES: By signing below, the undersigned apply for an Automated Teller Machine (ATM) and/or Check Card to be used in conjunction with the account listed above. The undersigned agree(s) that the use of either card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that have been provided, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes TotalBank to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned understand that TotalBank will retain this application and any other credit information, even if the ATM and/or Check Card is not granted.

By_____ Signature of Depositor Date

_____ Print Full Name

By_____ Signature of Joint Depositor Date

_____ Print Full Name

FOR BANK INTERNAL USE ONLY

Employee Name:	Cost Center:	User ID:
Issue Card To:	Card Number:	
☐ New Card	☐ Re-Issue Card (Reorder)	☐ Vault Issued (ATM)
Date Approved:	By:	User ID:
Signature & Identification Verified By:		User ID:
Data Entry Date:	By:	User ID:

FOR ELECTRONIC BANKING DEPARTMENT USE ONLY

Verified By (Print Name):	Date:
Signature:	User ID:

Forward to Electronic Banking Department Daily

TOTALBANK
OPERATIONS CENTER/ELECTRONIC BANKING DEPT.
17945 FRANJO ROAD
PALMETTO BAY, FL 33157

F-110
03/04

Print Reset

Member FDIC