

ATHOL SAVINGS BANK
Debit Card Application

I am (we are) applying for:

Debit Card

I/we understand this is **not** a credit card and that the dollar amount of the purchases made with this card will be deducted from my/our Athol Savings Bank Checking Account listed on this application. By signing below, I/we authorize Athol Savings Bank to verify the information provided below and to request a credit report if necessary.

Applicant #1

Name: _____ Soc. Sec. # _____ D.O.B. _____
Address: _____ Home Phone # _____
_____ Cell Phone # _____
_____ Email Address _____

Applicant #2

Name: _____ Soc. Sec. # _____ D.O.B. _____
Address: _____ Home Phone # _____
_____ Cell Phone # _____
_____ Email Address _____

Checking Account # _____ Statement Savings / Money Market Account # _____

I hereby agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement. The Athol Savings Bank Debit Card is available for qualified customers only.

Signature (acct. holder #1) _____ Date _____

Signature (acct. holder #2) _____ Date _____

Personal Identification Number (PIN)

Your PIN belongs to you and is the key to the security of your accounts. Do not tell your PIN to anyone and do not write it on or near your card. If you would like to change your PIN, you may do so at any Athol Savings Bank Automated Teller Machine (ATM). If you have any questions, please call (978) 249-3200.

Date _____ Accepted by _____ Branch _____

For Bank Use Only

	Card Number(s)	Date Ordered	By Whom	Instant Issue
Applicant #1 –	_____	_____	_____	<input type="checkbox"/>
Applicant #2 –	_____	_____	_____	<input type="checkbox"/>