

PHILO EXCHANGE BANK
PHILO - ALLERTON - BROADLANDS
684-2600 • 834-3022 • 834-3023

ATM/DEBIT CARD APPLICATION

APPLICANT

Account No(s) _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Primary Phone (_____) _____ - _____

Cell or Alt. Phone (_____) _____ - _____

Email _____

Soc. Sec. # _____ - _____ - _____

Date of Birth _____ - _____ - _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's Signature:

Date _____ - _____ - _____

---OFFICIAL USE ONLY---

DATE REC'D _____ REC'D by _____

CARD NUMBER _____

_____ Built - Precision _____ Checked -Precision

_____ Built-SHAZAM _____ Checked -SHAZAM

_____ E-Z Pin Issued _____ Letter Sent

_____ Scanned - Director

HSA Debit Card: Yes No

Temp ATM/Debit: Yes No

TEMPORARY CARD # _____

_____ Built - Precision _____ Checked -Precision

_____ Built-SHAZAM _____ Checked -SHAZAM

_____ Pin Delivered