



## DEBIT/ATM CARD APPLICATION/CHANGE FORM

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Business Name (if Applicable): \_\_\_\_\_

EIN: \_\_\_\_\_

**Card Number**  
 Card# \_\_\_\_\_

**I'd like to apply for the following:**

- ATM Card       DEBIT Card
- NEW       CLOSE       REPLACE
- ONE TIME LIMIT RAISE
- PERMANENT LIMIT RAISE
- DAMAGED (additional fee may apply)
- HOT CARD / LOST (additional fee may apply)
- HOT CARD / FRAUD       CHG \$10.70 FEE

**Attached Account (s)**  
 Checking # \_\_\_\_\_  
 Savings # \_\_\_\_\_

**Replacement Card Number** if applicable  
 Card # \_\_\_\_\_

Reason for Limit Change: \_\_\_\_\_

**Daily Withdrawal Limit Requested: \$** \_\_\_\_\_

Additional Comments to VH: \_\_\_\_\_

- RUSH ORDER (additional fee may apply)  
Order placed same day vs Monday-reg shipping
- 2 Day Special order (additional fee may apply)  
Order Placed same day – card ships in 2 days
- Request received in person – sign below
- Per phone request
- Per bank authorization

Employee Requesting: \_\_\_\_\_

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

Electronic Funds Transfer

Signature \_\_\_\_\_

Date \_\_\_\_\_