

## Debit/ATM Card Application

This application can be used for a Newburyport Five Cents Savings Bank Debit or ATM Card. IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL CARD TO EITHER SIGNER OF A JOINT ACCOUNT, EACH OWNER MUST FILL OUT A SEPARATE APPLICATION.

Cardholder \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

☐ **Debit Card**

☐ **ATM Card**

Primary Account \_\_\_\_\_ Primary Account \_\_\_\_\_

Secondary Account \_\_\_\_\_ Secondary Account \_\_\_\_\_

Tertiary Account \_\_\_\_\_ Tertiary Account \_\_\_\_\_

Authorizations: By signing below, I am applying for a Newburyport Five Cents Savings Bank Debit or ATM Card. I understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Newburyport Five Cents Savings Bank Checking account only. I authorize Newburyport Five Cents Savings Bank to verify the information provided above and to request a credit report if necessary. The Newburyport Five Cents Savings Bank Debit Card is available for qualified customers only. Other requirements apply. If I am not approved for a Newburyport Five Cents Savings Bank Debit Card, I may be issued a Newburyport Five Cents Savings Bank ATM card if I do not already have one. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR BANK USE ONLY:

☐ New Card ☐ Replacement Card Reason \_\_\_\_\_

### BRANCH USE:

Branch \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Initials & # \_\_\_\_\_

### ELECTRONIC SERVICES DEPARTMENT:

Card # \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Date Denied: \_\_\_\_\_ Initials & # \_\_\_\_\_

Date Verified: \_\_\_\_\_ Initials & # \_\_\_\_\_



**NEWBURYPORT**  
FIVE CENTS SAVINGS  
**BANK**

Member FDIC & Member DIF | Equal Housing Lender 

Plotting a course for *your* future.