

Bank of Commerce ATM/VISA Check Card Application

Received By _____
Checked By _____

The Bank of Commerce **ATM Card** allows you to access your savings account(s) from hundreds of ATM locations around the world. You can use your ATM card at any ATM bearing the PLUS or Accel logos, including 'no service charge' use at our own 24 hour ATMs located at:

21 S. Grant, Chanute • 1620 S. Santa Fe, Chanute • Chanute Wal-Mart Super Center • 409 Maple, Chetopa

The Bank of Commerce **VISA Check Card** allows you to pay for purchases directly from your checking account, wherever VISA is welcome. The amount of your purchase will be immediately withdrawn from your checking account with Bank of Commerce. You may also use your VISA Check Card at any ATM bearing the VISA, PLUS or Accel logos to access checking and savings accounts.

To request a card, fill out the information below and return it to **any** of our locations in:
Chanute • Thayer • Erie • Chetopa

Applicant Information

First Name _____ Middle Initial _____ Last Name _____

SSN _____ Date of Birth _____

Current Address _____ City _____ State _____ Zip _____ Yrs. _____ Mo. _____

Previous Address _____ City _____ State _____ Zip _____ Yrs. _____ Mo. _____

Home Phone _____ Cell Phone _____ Work Phone _____

Current Employer _____ Yrs. _____

Accounts to be Accessed: Primary Checking # _____ Primary Savings # _____

Secondary Checking # _____ Secondary Savings # _____

Request for ATM/VISA Check

The information above is true and complete. I request that you issue a Bank of Commerce ATM/VISA Check Card in the name shown above, and that you renew and replace the card until notice to the contrary is given. I authorize you to investigate my credit and to report to others on your credit experience with me. I promise to pay all debits, fees and extensions of credit generated by usage of the card.

Applicant's Signature _____ **Date:** _____

If applicant is less than 18 years of age, parent/legal guardian signature is required.

Parent/Legal Guardian _____ **Parent/Legal Guardian Primary Contact #** _____

Internal Use Only

Portfolio # _____ Card # _____

Annual Fee: Yes No

FS FM By: _____ FS FM Checked By: _____

Navigator FM By: _____ Navigator FM Checked By: _____