Approved By

_____

Received By

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Checked By

_____

Bank of Commerce
ATM/VISA Check Card Application

The Bank of Commerce **ATM Card** allows you to access your accounts 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 ATMs located, in Chanute, at 21 S. Grant, 1620 S. Santa Fe and our Wal-Mart Super Center location.

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 The amount of your purchase will be immediately withdrawn from your checking account with Bank of Commerce.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 apply for one of these cards, fill out the application below and return it to **any of our Chanute, Stark, Thayer or Erie locations.**

Our customer service officer will discuss with you the *three* levels of cards we offer.
(ATM, VISA Check, and VISA Gold Card)

Yes, please issue a Bank of Commerce ATM or VISA Check Card to the individual(s) who have signed below, for use with my checking and/or savings account.

Date:_____I would like the (select only one type): ATM Card_____ VISA Check Card_____ VISA Gold Card_____

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 VISA Check Card

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. If I do not qualify for the card level requested, I authorize you to issue the card that I do qualify for.

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

Applicant's Signature_____ **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:_____