

Chip Enabled Debit/ATM Card Application

This application can be used for a Newburyport Five Cents Savings Bank Chip Enabled 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: _____

Chip Enabled 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. 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 _____

Deposit Operations Department:

New Card Replacement Card Reason _____

BRANCH USE:

Branch _____ Date Reviewed _____ Initials & # _____

DEPOSIT OPERATIONS DEPARTMENT:

Card # _____

Date Ordered: _____

Date Denied: _____

Initials & # _____

Date Verified: _____

Initials & # _____