

Card Type:

Port # (FI USE)

First Applicant Full Name :

Business Name:

Mailing Address :

City, State, Zip Code :

Day Telephone :

Evening Telephone :

Cell Number :

Second Applicant Full Name :

Email address:

Type	Account Number :	Type	Account Number :
DDA 101	<input type="text"/>	DDA 102	<input type="text"/>
SAV 201	<input type="text"/>	SAV 202	<input type="text"/>

**Important Information please read:**

To insure confidentiality your PIN number will be created by calling 1-800-992-3808 and confirming your information. Read cardholder agreement carefully and remember to sign your application. If your card is lost/stolen or hot-carded a fee will be charged to replace it, which is \$15.00 . If you need to replace a damaged card a fee will be charged, which is \$7.00 . For your protection we block the following transactions: international, rental car companies, Kroger supermarkets, Smokers Choice stores, gambling, Google.

**Signature(s) Required:**

I/we hereby acknowledge that I/we have received a copy of the Cardholder Agreement and that I/we have read, understand and agree to be legally bound by the terms and conditions of such Agreement. I/we also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Fund Transfer Act. I/we also agree to safeguard my/our PIN and ATM/VISA Card at all times. I/we also agree to never record my/our pin number on or near the Card. \*NBC does not allow Point of Sale transactions on savings accounts. Your business or organization must notify the bank immediately of any cardholder authorized signer changes. Failure to notify the bank in a timely fashion will result in the business/ organization liable for transactions effected with the card or card number.

X \_\_\_\_\_  
First Applicant's Signature Date

X \_\_\_\_\_  
Second Applicant's Signature Date

Bank Use Only Circle Branch Designation:	<input type="text" value=""/>	
Prepared by:		Date:
Approved by:		Date:
Submitted Electronically by:		Date: