NBCoxsackie
Your independent, local bank
since 1852
www.nbcoxsackie.com

Circle One--> STAR ATM CARD		*VISA CHECK CARD*	
Bin #	588875	48615200	
F.I. Use only Customer Card Number			

First Applicant Full Name	->
Street Address	->
Apartment Number / PO Box Number	->
City, State, Zip Code	->
Day Telephone	( )
Evening Telephone	( )
Cell Number	( )
Second Applicant Full Name	->

Additional Card ☐ (Check If First Applicant wishes a second card).

Type	Account Number	Type	Account Number
DDA 101		DDA 102	
SAV 201		SAV 202	

Primary Account __ __ __ Enter the type of the checking account you designate as primary (101,102)

Important Information please read:

To insure confidentiality your PIN number will be assigned and mailed by MAC. Your pin number will be mailed separately from your card. Read cardholder agreement carefully and remember to sign your application. If your card is lost/stolen or hotcarded a fee will be charged to replace it, which is $15.00 . If you lose your pin or need to replace a damaged card a fee will be charged, which is $7.00 .

Signature(s) Required:

I/we hereby acknowledge that I/we have received a copy of the MONEY ACCESS CARD® 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.

X_____ _____
First Applicant's Signature Date

X_____ _____
Second Applicant's Signature Date

Bank Use Only Circle Branch Designation: ATH, CAIRO, COX, GRN, RAV, WC	
Prepared by:	Date:
Approved by:	Date:
Submitted Electronically by:	Date:

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