



ATM/DEBIT CARD ORDER FORM
(ONE FORM PER CUSTOMER)

CSR: _____ Date: _____

PLEASE CHECK ONE: ATM DEBIT CARD (Debit Card Available for Checking Accounts Only)

NAME: _____

ADDRESS: _____

MAILING ADDRESS (If Different): _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

I authorize the Bank of Canton to charge my account # _____ \$40.00 for expedited shipping of my ATM/Debit card

REASON FOR ISSUE

- NEW
- DEMAGNETIZED/REISSUE
- OTHER Reason: _____

By signing this agreement I acknowledge having received the Electronic Banking Disclosing Funds Availability, Terms and Conditions Booklet and a current fee schedule. I also acknowledge the use of the ATM or Debit Card subject to all rules and regulations of the Bank of Canton. I also acknowledge that I am subject to any/all fees disclosed by the Bank of Canton.

CARD MAINTENANCE REQUEST

(Select Reason)

- *Lost/Stolen (Captured Card) (Fee May Be Accessed)
- *Closed Account
- *Adding an Account # _____
- Changing To Acct # _____
- Card # _____
- Metavonte Called for Hot Card

FOR BANK USE ONLY

Port Number: _____ Account Number: _____

Account Is A Convenience Acct Y N Maintenance Done On Debit Card ITI By: _____

Existing Conv. Acct NOW Account _____ Replacement Card/Acct Pending Change to Conv.

Addendum to Application Form Attached: _____

New Card # _____ Date: _____

Processed on FIS By: _____ Date: _____

Processed on ITI By: _____ Date: _____

Debit Card Replacement Fee Charged: _____ Date: _____

Debit Card Replacement Fee Waived By: _____ Date: _____