



Debit/ATM Card Reissue Request
Consumer
(one form for each customer)

INSTANT ISSUE REQUEST

MAIL REQUEST

Date of Request: _____
Customer Name: _____
Customer TIN: _____
Address: _____
Mailing Address (if different): _____
Phone 1: _____
Phone 2: _____
Email Address: _____

Old Card Number: _____

New Card Type: ATM Card Debit Card (only available for checking accounts)

DDA Attached Account Number: _____

DDA Account Type: Convenience Checking
 NOW Checking

DDA Account Open Date: _____

SAV Attached Account Number: _____

SAV Account Open Date: _____

Reason for Re-Issue: Lost/Stolen Demagnetized Other:

Type of Re-Issue: Standard Exempt

If marked "Exempt" above,
Branch/Assistant Manager Signature: _____

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

Customer Signature: _____