



Chelsea Savings Bank

DEBIT/ATM CARD APPLICATION/CHANGE FORM

Applicant: _____

Address: _____

City, State, Zip _____

Primary Phone: _____ Secondary Phone: _____

SSN: _____ DOB: _____

Business Name (if Applicable): _____

EIN: _____

I'd like to apply for the following:

- ATM Card DEBIT Card
- NEW CLOSE REPLACE
- ONE TIME LIMIT RAISE
- PERMANENT LIMIT RAISE
- DAMAGED (additional fee may apply)
- HOT CARD / LOST (additional fee may apply)
- HOT CARD / FRAUD

Card Number
Card #: _____

Attached Account (s)
Checking #: _____
Savings #: _____

Replacement Card Number If applicable
Card #: _____

Reason for Limit Change : _____

Daily Withdrawal Limit Requested: \$ _____

Additional Comments to VH : _____

- RUSH ORDER (additional fee may apply)
Order placed same day vs Monday -reg shipping
 - 2 DAY Special order (additional fee may apply)
Order Placed same day - card ships in 2 days.
 - Request received in person - sign below
 - Per phone request
 - Per bank authorization
- Employee Requesting: _____

By signing below, the undersigned request(s) the described service(s) and Agree(s) to the terms and conditions governing the service(s), including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms of the following: Electronic Funds Transfer

04/18/2017

Signature

Date