## Member FDIC | Equal Housing Lender

## Debit/ATM Card Application

First Name:	Last Name:				
Submitted on:					
Terms					
	ne privacy of your personal informatio irst Independence Bank customers.	n that you provide us online.			
Important Information about Procedures for Opening a New Account Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal aw requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.  Security Notice:  You should ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.					
2. Complete application on-li	application and gather the information ne and click "Submit Application".  , QUIT your browser and restart it again	-			
This card application is for personal cards only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form.					
	Debit/ATN	// Card Request			
Im applying for a (required)	Debit MasterCard  ATM Card				
	A	oplicant			
First Name	Mid	dle Initial	Last Name		
Date of Birth	Social Security	No.	Your E-mail Address		
Mothers Maiden Name: (required)					
Driver's License/State ID No.  Driver's License/State ID State  Expiration Date					
Home or Cell Phone is required (required)	Home Phone	Cell Phone	Work Phone		

Account Information (required) Debit Cards issued for Checking accounts only and you must be a current customer of the bank.	Account Number	Checking (DDA)	Savings (SAV)		
Delivery Method	Normal (7 to 10 business days)				
	Rush \$40.00 (Must be present to sign for delivery)  Residence (Must match current address on file with FIB)				
	Nesidelice (Mus	it materi current address on me witi	i rib)		
Present Address (required)	Address Line 1				
	Address Line 2				
	City	State	ZIP Code		
Delivery Address	O Present Address				
	Main Office Branch				
	7 Mile Branch				
	Garfield Branch				
Authorization:					
I am applying for an ATM/Debit Card to be used in conjunction with the accounts listed above. I agree that the use of the ATM/Debit Card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and/or Regulation E Disclosure that have been provided to me. I understand that replacement cards could be subject to a \$5 fee. I authorize First Independence Bank to make any investigation of my credit, either directly or through any agency. I understand that First Independence Bank will retain this application and any other credit information, even if this ATM/Debit Card is not granted.					
(required)	I/We AGREE with the above statement				